Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Billy Martin	M M / D D / Y Y Y Y
Mailing Address 250 JS Brewton rd	10 28 2014 Amount
City State Zip Code	40.00
goldonna LA 71031	Transaction ID: fdb2708b-65f3-4d58-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 28 / 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Billy Martin	Date of Public Distribution/Dissemination
<u> </u>	10 28 2014
Mailing Address 250 JS Brewton rd	Amount
City State Zip Code	3.60
goldonna LA 71031	Transaction ID: d95e1b34-929e-418a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	Carer (opcorry) -
(a) SUBTOTAL of Itemized Independent Expenditures	43.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	0 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	INT EXI END	TTOTILO		PAGE 2 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Jordyn Kilbury				lic Distribution/Dissemination
Mailing Address 5416 S Santa Fe Street			10	28 2014
5 5410 0 Gainta i e Girect			Amount	
City	State	Zip Code		100.00
Wichita	KS	67216		ID: cbb34591-63a7-47df-a pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	190677.60	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Jordyn Kilbury			M - M 10	28 2014
Mailing Address 5416 S Santa Fe Street				20 2014
			Amount	
City	State	Zip Code		12.30
Wichita	KS	67216		ID: 68fd5ce1-a0c2-4853-a oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 ^M	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		190677.60	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	112.30
(b) SUBTOTAL of Unitemized Independent Exper	nditures)	
(c) TOTAL Independent Expenditures)	79. 1 75. 1
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30	2014
•				

Schedule E)	NI EXI END	ITORES	PAG FOR	E 3 OF 165 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTI	FICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	t filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dist	ribution/Dissemination
Eric J Smith				28 / Y Y Y Y Y Y Y 2014
Mailing Address 4967 Dysartville			Amount	
City	State	Zip Code		80.00
Morganton	NC	28655	Transaction ID : 68 Date of Disbursement	3f3d300-20e3-4c21-b ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001		28 / Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Kay Hagan		X Oppose		enate State: NC
Calendar Year-To-Date Per Election for Office Sought	11	070184.43	Disbursement For: 2014 Other (specify)	Primary General
Full Name of Payee			Date of Public Dist	ribution/Dissemination
Jennifer E Smith				28 2014
Mailing Address 4967 Dysartsville Rd			Amount	2014
City Morganton	State NC	Zip Code 28655	Transaction ID : 93 Date of Disbursem	80.00 43519c-b477-417e-9
Purpose of Expenditure Salary		Category/ Type 001	M = M / D	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Kay Hagan		X Oppose	President X Se	
Calendar Year-To-Date Per Election for Office Sought	7	1070184.43	Disbursement For: 2014 Other (specify)	Primary General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			160.00
			7	7 -
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		>	4
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30	2014
- 3				

Schedule E)	INT EXTEND	TIONES		PAGE 4 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Jennifer E Smith			10	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code		8.70
Morganton	NC	28655		D: 7d3f6602-6722-43ec-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	1	070184.43	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Ashlee G Anderson			10	28 / 2014
Mailing Address 2226 Enloe St			Amount	
City	State	Zip Code		25.00
Fayetteville	NC	28306		: f74202e1-e6e8-4c17-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1070184.43	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			33.70
,,				7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 30	2014
-				

Schedule E)	DEI ENDENT EXI END	TOTILO	PAGE 5 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if X 24-hour report 48-h	nour report New report	ort Amends repo	rt filed on
Full Name of Payee Ashlee G Anderson			Date of Public Distribution/Dissemination
Mailing Address 2226 Enloe St			10 28 2014 Amount
City	State	Zin Codo	4.56
Fayetteville	NC NC	Zip Code 28306	Transaction ID : 1f234e0a-b0a1-4013-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 28 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	070184.43	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination
Mailing Address 1410 Bushville D	r		10 28 2014 Amount
City	State	Zip Code	20.00
Lenoir	NC	28645	Transaction ID : b9a2c8f0-6de9-4b89-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1070184.43	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	dent Expenditures		24.56
(b) SUBTOTAL of Unitemized Indepe	endent Expenditures		
			7 7
(c) TOTAL Independent Expenditures	S		>
	of, any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	INDENT EXICITOR	TOTILO		PAGE 6 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour re	eport New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Sharon t Craig			M 10	
Mailing Address 1410 Bushville Dr			Amount	
City	State	Zip Code		6.00
Lenoir	NC	28645		ction ID: 433c71c8-2eef-429e-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	NC NC
Calendar Year-To-Date Per Election for Office Sought	10	070184.43	Disbursement F 2014 Other	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
James Kindstedt			M	
Mailing Address 5510 Dogwood Dr				0 28 2014
Mailing Address 5510 Dogwood Dr			Amount	
City	State	Zip Code		38.70
Winston Salem	NC	27105	Transact Date of	ion ID : b28d5646-febb-4946-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	1070184.43	Disbursement F 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent E	xpenditures		>	44.70
(b) SUBTOTAL of Unitemized Independen	t Expenditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 7
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		30 2014
Signature		_		

Schedule E)				PAGE 7 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Name of Payee James Kindstedt				of Public Distribution/Dissemination
Mailing Address 5510 Dogwood Dr			L	10 28 2014
John John St. 1997 3310 Dogwood Di			Amour	nt
City	State	Zip Code		14.04
Winston Salem	NC	27105		action ID : 619f80de-a139-44b1-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 28 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan		X Oppose	Preside	NO.
Calendar Year-To-Date Per Election for Office Sought	1(070184.43	Disbursement 2014 Of	t For: Primary X General
Full Name of Payee				of Public Distribution/Dissemination
Joanna Kindstedt			M	M / D D / Y Y Y Y
Mailing Address 2134 Tobaccoville Rd			<u> </u>	10 28 2014
2 134 TODACCOVIIIC INC			Amou	nt
City	State	Zip Code		38.70
Rural Hall	NC	27045		ction ID: 68ad90b4-557f-48d4-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 28 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1070184.43	Disbursemen 2014 O	t For:
•				
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	52.74
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures			· ·	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / /	30 2014
Signature		_ i buto		

Schedule E)				PAGE 8 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Judith A Murphy			М	
Mailing Address PO Box 37			Amount	لسندا لنا ك
City	State	Zin Codo		54.50
East Bend	NC	Zip Code 27018		ction ID: ee804648-88ba-4674-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	10	70184.43	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Claud B Murphy JR			М	Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 37			Amount	
City	State	Zip Code		54.50
East Bend	NC	27018		tion ID : a1d5c522-d05a-40c6-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	1 1	0 28 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	, , ,	1070184.43	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			109.00
(b) SUBTOTAL of Unitemized Independent Expendit	tures			
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	4.0	30 / 2014

Soficadic L)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
Claud B Murphy JR	10 28 2014
Mailing Address PO Box 37	ount
City State Zip Code	12.90
East Bend NC 27018 Tra	nsaction ID : cfee2b24-c447-4acc-b e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mc Koy Hogon	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Date Ashlee G Anderson	te of Public Distribution/Dissemination
Mailing Address 2226 Enloe St Am	10 28 2014 ount
City State Zip Code	32.00
Favetteville NC 28306 Tran	saction ID : 9e57783c-f3d5-4831-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 28 / 2014
Name of Federal Candidate Support Office Sou	ight: House District:00
Ms. Kay Hagan Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	44.90
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 7 1
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	30 2014
Signature	

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OF

	Tiedule Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC I	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed		М	/ D = D /	Y W Y W Y
Т	Full Name of Payee	Date of	f Publ	lic Distribution	/Dissemination
	Ashlee G Anderson		10 ^M	/ D D /	2014
	Mailing Address 2226 Enloe St	Amoun	t		
ŀ	City State Zip Code	_			13.38
	Fayetteville NC 28306			ID: 86dcfa98 oursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002	М	10 ^M	28	2014
f	Name of Federal Candidate Support Office	Sought:	; [House	District:00
	Ms. Kay Hagan Oppose	Presider	L	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	ırsement		Primary	General General
ŀ	Full Name of Payee Joseph R Rys	Date o	f Pub	olic Distribution	/Dissemination
-	Mailing Address 160 #50 Pompano Dr		10	28	2014
-	City State Zip Code		_		47.50
	New Bern NC 28560	Transac Date o	tion of Dish	ID: a7a6359b bursement or (-cf91-41f5-8 Obligation
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	28	2014
ŀ	Name of Federal Candidate Support Office	Sought	:	House	District:00
		Preside		X Senate	State: NC
				Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures			7	60.88
(b) SUBTOTAL of Unitemized Independent Expenditures			1 1 7	1 1 7
(c) TOTAL Independent Expenditures				
W	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date		30	201	4
	Signature				
_					

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OF

Schedule E)	VI EXI END	THORIES		PAGE 11 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			[C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Joseph R Rys			1	0 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 160 #50 Pompano Dr			Amount	
City	State	Zip Code	- [10.05
New Bern	NC	28560		ction ID : dae47ad6-3214-4aee-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1	0 28 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	10	070184.43	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Jessica A Felix				0 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 873 Stoneykirk Dr			Amount	
City	State	Zip Code		22.50
Fayetteville	NC	28314		tion ID : 7b21f423-be76-4659-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		0 28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7	1070184.43	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			32.55
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7 7 7
(c) TOTAL Independent Expenditures			•	4 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	4.6	30 / 2014
- 3				

Schedule E)	NI EXI END	HONES		PAGE 12 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Jessica A Felix			10	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 873 Stoneykirk Dr			Amount	
City	State	Zip Code		22.00
Fayetteville	NC	28314		n ID: c5c5b907-8a77-4ecf-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	070184.43	Disbursement For: 2014 Other (s	Primary X General Specify) ▶
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Alisha A Hauser			M M M	/ D D / Y Y Y Y Y Y Y 28 2014
Mailing Address 199 Raven Circle			Amount	20 2014
City Wilkesboro	State NC	Zip Code 28697		42.50 ID: 94b3c6c5-beae-48ba-9
Purpose of Expenditure				bursement or Obligation
Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1070184.43	Disbursement For: 2014 Other (Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ires		· •	64.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	7
(c) TOTAL Independent Expenditures			· •	p. 1 . 2p. 1 . 2p. 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30	
g.i.a.a.i.o				

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	te of Public Distribution/Dissemination
Alisha A Hauser		10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 199 Raven Circle	An	nount
City Sta	ite Zip Code	9.27
Wilkesboro N	C 28697 Tra	ansaction ID : 2ea290b1-eddd-4d10-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ught: House District: 00
Ms. Kay Hagan		sident State: NC
Calendar Year-To-Date Per Election for Office Sought	1070184.43 Disbursen	nent For: Primary X General Other (specify) ▶
Full Name of Payee Casey Stockton	Da	ate of Public Distribution/Dissemination
Mailing Address 105 South Dale St		10 28 2014
		nount
City Sta	·	55.00
Spruce Pine N		nsaction ID : ab97a020-97ac-49b3-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 28 7 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Ms. Kay Hagan	Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	1070184.43 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	64.27
(b) SUBTOTAL of Unitemized Independent Expenditures	· · ·	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7 7 7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	30 2014
Signature		

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OF

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends	report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Da	ate of Public Distribution/Dissemination
Mary Johnson				10 28 2014
Mailing Address 105 South Dale St			Ar	mount
City	State	Zip Code		55.00
Spruce Pine	NC	28777		ransaction ID: 672aa998-2cb7-4d3b-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	10 28 2014
Name of Federal Candidate		Suppo	ort Office So	ought: House District: 00
Ms. Kay Hagan		X Oppos		esident State: NC
Calendar Year-To-Date Per Election for Office Sought	10	70184.43	Disburser 2014	ment For:
Full Name of Payee Toni A Persinger-Buckler			Da	ate of Public Distribution/Dissemination
Mailing Address 5330 Nestleway Dr			Aı	10 28 2014 mount
City	State	Zip Code		55.00
Clemmons	NC	27012		ansaction ID : a4f4b8d4-2224-4848-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	10 28 2014
Name of Federal Candidate		Suppo	ort Office Sc	ought: House District: 00
Ms. Kay Hagan		X Oppos	se Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought		1070184.43	Disburse 2014	ment For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ures		······ [110.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		····· •	
(c) TOTAL Independent Expenditures			······ •	1 4 1 1 4 1 1 4 1
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	Date 10	30 / 2014
Signature				

PAGE

OF

Schedule E)	ENT EXTEND	TI OTILO	_	PAGE 15 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Toni A Persinger-Buckler			M = M /	Distribution/Dissemination
Mailing Address 5330 Nestleway Dr			10 Amount	28 2014
Cit.	Chaha	7:- Oada		44.40
City Clemmons	State NC	Zip Code 27012		11.10 : 06548836-5f05-4f4e-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	070184.43	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Dwayne C Smith			10	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 900 Bramblegate Rd			Amount	
City	State	Zip Code		50.00
Hope Mills	NC	28348		db7eb5cd-37d8-4097-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-,,	1070184.43	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	61.10
(b) SUBTOTAL of Unitemized Independent Exp	anditura o		7	
(b) SOBTOTAL OF Officeringed independent Expe	enditures		•	49- 49-
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ididate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 30	2014
-				

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Dwayne C Smith	10 28 2014
Mailing Address 900 Bramblegate Rd	nount
City State Zip Code	18.30
Hope Mills NC 28348 Tra	ansaction ID: 763bdaa0-8ed9-4591-8 tte of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soil	ught: House District:00
Mc Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	, <u>, , , , , , , , , , , , , , , , , , </u>
Full Name of Payee Da	Other (specify) ►ate of Public Distribution/Dissemination
Logan B Piper	10 28 2014
Mailing Address 3205 Pebble Beach Rd An	nount
City State Zip Code	32.00
Conway AR 72034 Trai	nsaction ID : d9647526-5adb-45d8-b ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ught: House District: 00
Mr. Mark L Pryor	esident State: AR
Calendar Year-To-Date Per Election for Office Sought Disburser 214365.41 Disburser	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	50.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Sche	edule E)	L /(1 L /(2)	1101120		PAGE 17 OF 165 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	c if X 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	T = M / D = D / Y = Y = Y
	ull Name of Payee Logan B Piper				of Public Distribution/Dissemination
M	lailing Address 3205 Pebble Beach Rd			Amou	10 28 2014 unt
Ci	ity	State	Zip Code		19.74
	Conway	AR	72034		saction ID : 1bf962c4-b932-43f8-a of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002	I.M.	10 28 2014
Na	ame of Federal Candidate		Support	Office Sough	nt: House District:00
M	//r. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	2	214365.41	Disbursemen 2014 O	nt For:
	ull Name of Payee Grant Fitzgerald				of Public Distribution/Dissemination
М	failing Address 109 Carpathion Way			Amou	
С	ity	State	Zip Code		40.00
	Raleigh	NC	27615	Transa Date	action ID : fec102ce-fb3f-4b05-8 of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		10 28 2014
N	lame of Federal Candidate		Support	Office Sough	nt: House District: 00
N	/Is. Kay Hagan		X Oppose	Preside	lent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	1070184.43	Disbursemen 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditures	\$			59.74
(b)	SUBTOTAL of Unitemized Independent Expenditure	res		. . .	
(c)	TOTAL Independent Expenditures				7 1 7 1 7
with	der penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate try committee) any political party committee or its a	e or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	30 2014
	Signature				

Schedule E)	** =/\(\) =	1101.20		PAGE 18 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if X 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Data of	Division Division
Grant Fitzgerald			M	Public Distribution/Dissemination 28 2014
Mailing Address 109 Carpathion Way			Amount	
City	State	Zip Code		6.90
Raleigh	NC	27615		ction ID : 72acfc22-7fee-4118-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1	0 28 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	Presiden	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1,	070184.43	Disbursement 2014 Oth	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Misty A Ledford				0 28 2014
Mailing Address 44 Bell St				20 2017
			Amount	<u></u>
City	State	Zip Code		60.00
Spruce Pine	NC	28777	Transac Date of	tion ID : 6bf4f936-49ed-49c6-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		0 28 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7	1070184.43	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu				66.00
(a) SUBTUTAL OF REHIEZED HIDEPENDENT EXPENDITO	res		· •	66.90
(b) SUBTOTAL of Unitemized Independent Expend	litures		·· •	7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		30 / 2014
Signature		_		

	edule L)			FOR SE OF	FORM 24/48
	E OF COMMITTEE (In Full)		FEC	IDENTIFICATI	ON NUMBER ▼
VVC	omen Speak Out PAC		С	C00530766	
Chec	k if X 24-hour report 48-hour report New report Amends report file		M	/ D = D /	Y = Y = Y
	ull Name of Payee	Date o	of Pub	lic Distribution	/Dissemination
	Misty A Ledford		10 ^M	/ D D /	2014
N	Mailing Address 44 Bell St	Amour	nt		
С	Sity State Zip Code	-			22.80
	Spruce Pine NC 28777			ID: 67c258b	2-6d00-4881-9
	Purpose of Expenditure Mileage Category/ Type 002	M	10 M	28	2014
N	lame of Federal Candidate Support Off	ice Sought	t:	House	District:00
N	Ms. Kay Hagan Oppose	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement		Primary	General
	Full Name of Payee William M Criswell	Date of	of Pub	lic Distribution	/Dissemination
_		M	10 ^M	28	2014
N	Mailing Address 115 Burns Mitchell Drive	Amour	nt		
C	City State Zip Code				85.00
	Belmont NC 28012	Transa Date o	ction of Disl	ID: 62eec291 oursement or	-4c23-4451-8 Obligation
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	28	2014
N	Name of Federal Candidate Support Off	ice Sough	t:	House	District: 00
N		Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Dis 20			Primary	/ General
(a)	SUBTOTAL of Itemized Independent Expenditures		-7	1 1 7	107.80
(b)	SUBTOTAL of Unitemized Independent Expenditures				
(c)	TOTAL Independent Expenditures				
wit	der penalty of perjury I certify that the independent expenditures reported herein were not it, or at the request or suggestion of, any candidate or authorized committee or agent of eith rty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M M /	30	201	Y Y Y
	Signature				

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if Z 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	William M Criswell	10 28 2014
	Mailing Address 115 Burns Mitchell Drive	Amount
	City State Zip Code	13.80
	Belmont NC 28012	Transaction ID: 62d308cd-fea4-4663-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	407040440	ursement For: Primary X General
	Per Election for Office Sought 1070184.43 2014	Other (specify)
	Full Name of Payee Christine R McDonald	Date of Public Distribution/Dissemination
	Mailing Address 3751 N Jeanette Ave	10 28 2014 Amount
	City State Zip Code	22.00
	Wichita KS 67204	Transaction ID : 36d3daa5-c848-4b39-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	35.80
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(17) (1) (1)	0 30 2014
	Signature	

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OF

Schedule E)	IN EXIEND	TTOTILO	_	AGE 21 OF 165 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEI	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee Christine R McDonald			M = M /	Distribution/Dissemination
Mailing Address 3751 N Jeanette Ave			Amount	28 2014
City	State	Zip Code		9.30
Wichita	KS	67204		: 95b2abcc-eb26-4f8f-9 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	-	190677.60	Disbursement For: 2014 Other (spec	Primary X General
Full Name of Payee			Date of Public I	Distribution/Dissemination
Amanda Boley			10	28 / 2014
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code		61.50
charlotte	NC	28227		42a9ea16-208e-426e-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	217987.97	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures		·	70.80
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
			4	4
(c) TOTAL Independent Expenditures			>	492
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30	2014
Signature				

Women Speak Out PAC C Coossorres		neddic E)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Mailing Address Spit Oak Drive State	۷۷	omen Speak Out PAC	C C00530766
Amanda Boley Mailing Address Split Oak Drive City Slate Zip Code charlotte NC 28227 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Payee Nicholas O Wilcox Mailing Address 1991 Cherokee St Category/ Uppe 002 Disbursement For: Primary General 2014 Amount Transaction ID : 90799507-8efa-4bbb-9 Date of Disbursement or Obligation Transaction ID : 90799507-8efa-4bbb-9 Date of Disbursement or Obligation Transaction ID : 90799507-8efa-4bbb-9 Date of Disbursement or Obligation Transaction ID : 28	Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address Split Oak Drive City State Zip Code NC 28227 Purpose of Expenditure NC 28227 Name of Federal Candidate Support Oppose Spenditure Melange Per Election for Office Sought 217987.97 Full Name of Peyee Nicholas O Wilcox Mailing Address 1981 Cherokee St City State Zip Code Purpose of Expenditure Salary Purpose of Expenditure Slate Zip Code President Spenditure Slate State: City State Zip Code State State Zip Code Slate State State: Category Oo1 Full Name of Peyee Nicholas O Wilcox Mailing Address 1981 Cherokee St City State Zip Code Slate Slate Zip Code Slate Slate State State State Slate Sla	Т		Date of Public Distribution/Dissemination
City State Zip Code the NC 28227 Purpose of Expenditure Name of Federal Candidate Support Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Nicholas O Wilcox Mailing Address 1981 Cherokee St City State Zip Code Baton Rouge LA 70806 Purpose of Expenditure Salary Calegory/ Salary Calegory/ Salary Calegory/ Salary Calegory/ Salary Calegory/ Name of Federal Candidate Ms. Mary L Landrieu Calegory/ Salary Calegory/ Salary Calegory/ Salary Calegory/ Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Date of Disbursement or Obligation Transaction ID: 2873ea18-a448-4eff-adiate Date of Disbursement or Obligation Transaction ID: 2873ea18-a448-4eff-adiate Date of Disbursement or Obligation Transaction ID: 2873ea18-a448-4eff-adiate Date of Public Distribution/Dissemination Transaction ID: 2873ea18-a448-4eff-adiate Date of Disbursement For: Primary Seported Disbursement For: Date Part Election for Office Sought Transaction ID: 2873ea18-a448-4eff-adiate Date of Disbursement For: Date Part Election for Office Sought Transaction ID: 2873ea18-a448-4eff-adiate Date of Disbursement For: Date Date of Public Distribution/Dissemination Transaction ID: 2873ea18-a448-4eff-adiate Date of Public Distribution/Dissemina		·	
Charlotte NC 28227 Purpose of Expenditure Mileage Name of Federal Candidate NS. Mary L Landrieu Calegory/ Salary Name of Federal Candidate Nicholas O Wilcox Mailing Address 1981 Cherokee St City State Salary Name of Federal Candidate Namout Category/ Sippe Office Sought: House District: One President Senate State: LA Calendar Year-To-Date Par Election for Office Sought City State Zip Code Bation Rouge LA 70806 Purpose of Expenditure Salary Name of Federal Candidate Namout Category/ Sippe Office Sought: House Distriction/Dissemination Tansaction ID: 907b9b67-8efa-4bbb-a Date of Disbursement For: Other (specify) ▶ Full Name of Payee Nicholas O Wilcox Mailing Address 1981 Cherokee St Amount Category/ Sippe Office Sought: House District: One Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Amount Category/ Sippe Office Sought: House District: One Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Amount Calendar Year-To-Date Per Election for Office Sought Amount Category/ Sippe Office Sought: House District: One Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Amount Category/ Sippe Office Sought: House District: One Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Amount Category/ Sippe Office Sought: Tansaction ID: 907b9b67-8efa-4bbb-a Date of Disbursement For: Primary Salaries Amount Category/ Salaries Amount Category/ Salaries Amount Category/ Salaries Amount Category/ Salaries Category/ Salaries Amount Category/ Salaries C		Mailing Address Split Oak Drive	Amount
Charlotte NC 28227 Purpose of Expenditure Mileage Name of Federal Candidate NS. Mary L Landrieu Calegory/ Salary Name of Federal Candidate Nicholas O Wilcox Mailing Address 1981 Cherokee St City State Salary Name of Federal Candidate Namout Category/ Sippe Office Sought: House District: One President Senate State: LA Calendar Year-To-Date Par Election for Office Sought City State Zip Code Bation Rouge LA 70806 Purpose of Expenditure Salary Name of Federal Candidate Namout Category/ Sippe Office Sought: House Distriction/Dissemination Tansaction ID: 907b9b67-8efa-4bbb-a Date of Disbursement For: Other (specify) ▶ Full Name of Payee Nicholas O Wilcox Mailing Address 1981 Cherokee St Amount Category/ Sippe Office Sought: House District: One Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Amount Category/ Sippe Office Sought: House District: One Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Amount Calendar Year-To-Date Per Election for Office Sought Amount Category/ Sippe Office Sought: House District: One Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Amount Category/ Sippe Office Sought: House District: One Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Amount Category/ Sippe Office Sought: Tansaction ID: 907b9b67-8efa-4bbb-a Date of Disbursement For: Primary Salaries Amount Category/ Salaries Amount Category/ Salaries Amount Category/ Salaries Amount Category/ Salaries Category/ Salaries Amount Category/ Salaries C	ŀ	City State Zin Code	15.00
Purpose of Expenditure Mileage Name of Federal Candidate Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Nicholas O Wilcox Mailing Address 1981 Cherokee St City State Zip Code Baton Rouge LA 70806 Purpose of Expenditure Salary Category/ Type Out Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement For: Primary Zo14 Amount Category/ Type Out Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transaction ID : 2873ea18-a448-46ff-a Date of Disbursement or Obligation Transa			Transaction ID: 907b9b07-8efa-4bbb-a
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Nicholas O Wilcox Mailing Address 1981 Cherokee St City State Zip Code Baton Rouge LA 70806 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Pederal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Amount Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Soug		Mileage Category/ 002	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Nicholas O Wilcox Mailing Address 1981 Cherokee St City State Zip Code Baton Rouge LA 70806 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Disbussment For: Primary General 2014 Other (specify) ▶ Date of Public Distribution/Dissemination Tall Other (specify) ▶ 28	ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought 217987.97 2014 Other (specify) ▶ Full Name of Payee Nicholas O Wilcox Mailing Address 1981 Cherokee St City State Zip Code Baton Rouge LA 70806 Purpose of Expenditure Salary Category Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Category Category Category Oppose President X Senate State: LA Disbursement For: Primary X General 2014 Other (specify) ▶ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. IElectronically Filed) Date 10 10 28 7 2014 Amount Category Transaction ID: 2873ea18-a448-46ft- 36.00 Transac		Ms. Mary L Landrieu	President State: LA
Full Name of Payee Nicholas O Wilcox Mailing Address 1981 Cherokee St City State Zip Code Baton Rouge LA 70806 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the first part of Purbus District Salary Disbursement For: Primary General Other (specify) Total Independent Expenditures. Disbursement For: Primary Other (specify) Solution (specify) Transaction ID: 2873ea18-a448-4eff-a Date of Disbursement or Obligation Transaction ID: 2873ea18-a448-4eff-a Date of Disbursement o		047007.07	
Nicholas O Wilcox Mailing Address 1981 Cherokee St City State Zip Code Baton Rouge LA 70806 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calegory/ Type 001 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Amount Amount Amount Transaction D: 2873ea18-a448-4eff-a Date of Disbursement or Obligation To Disbursement or Obligation To Disbursement For: Primary General Other (specify) Type Other (specify) Type Other (specify) Type Type Other (specify) Type T			Other (specify) -
Mailing Address 1981 Cherokee St City State Zip Code Baton Rouge LA 70806 Purpose of Expenditure Salary Name of Federal Candidate Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought 217987.97 (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Amount Transaction ID: 2873ea18-348-46f-a Date of Disbursement or Obligation Transaction ID: 2879ea16 Agency Amount Transaction ID: 2879ea16 Amount Transaction ID: 2879ea16 Abel of Disbursement or Obligation To Date of Disbursement For: Primary Agency Amount Transaction ID: 2879ea16 To Date of Disbursement For: Primary Agency To Disbursement For: Primary Agency Amount To Date of Disbursement For: Primary Amount To Date of Disbursement For: Primary Action To Date of Disbursement For: Primary And Other (specify) To Date of Disbursement For: Primary Action To Date of Disbursement For: Primary Action To Date of Disbursement For: Primary To Date of Disbursement For: Pri			M = M / D = D / Y = Y = Y
Baton Rouge LA 70806 Transaction ID: 2873ea18-a448-4eff-a Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought 217987.97 Office Sought: House District: O0 President Senate State: LA Disbursement For: Primary General Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures. (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: 2873ea18-a448-4eff-a Date of Disbursement or Obligation Tobligation Tobligation Transaction ID: 2873ea18-a448-4eff-a Date of Disbursement or Obligation Electronically Filed] Date Transaction ID: 2873ea18-a448-4eff-a Date of Disbursement or Obligation Tobligation Tobligation Transaction ID: 2873ea18-a448-4eff-a Date of Disbursement or Obligation Tobligation Tobliga		Mailing Address 1981 Cherokee St	
Baton Rouge LA 70806 Transaction ID: 2873ea18-a448-4eff-a Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought 217987.97 Office Sought: House District: O0 President Senate State: LA Disbursement For: Primary General Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures. (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: 2873ea18-a448-4eff-a Date of Disbursement or Obligation Tobligation Tobligation Transaction ID: 2873ea18-a448-4eff-a Date of Disbursement or Obligation Electronically Filed] Date Transaction ID: 2873ea18-a448-4eff-a Date of Disbursement or Obligation Tobligation Tobligation Transaction ID: 2873ea18-a448-4eff-a Date of Disbursement or Obligation Tobligation Tobliga	ŀ	City State Zip Code	36.00
Purpose of Expenditure Salary Category/ Type 001		Baton Rouge LA 70806	Transaction ID : 2873ea18-a448-4eff-a Date of Disbursement or Obligation
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought President Senate State: LA		Salany Odlegory/ 001	M - M / D - D / Y - Y - Y
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought 217987.97 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures		Ms. Mary L Landrieu Oppose	President State: LA
(c) TOTAL Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M. M. M. J. D. D. J. Y.	((a) SUBTOTAL of Itemized Independent Expenditures	51.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date Math Date 10 30 2014	((b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	((c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 30 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
Batto		[F1 +	
		24.0	

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Schedule E)	NI EXI END	TOTILO		PAGE 23 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Heather A Smith				f Public Distribution/Dissemination
Mailing Address 995 Clairborne Rd			— L	10 28 2014
			Amour	
City	State	Zip Code		38.00
Calhoun	LA	71225		action ID: 8389dc7e-0882-4ed6-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	10 28 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	217987.97	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date of	of Public Distribution/Dissemination
Heather A Smith			M	10 28 2014
Mailing Address 995 Clairborne Rd			Amou	nt
City	State	Zip Code		10.20
Calhoun	LA	71225		ction ID : 8f0cb320-c9c2-4834-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 28 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	217987.97	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			48.20
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		• •	4 4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	30 / 2014
				

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Daniel M Qauckenbush	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12062 NC 902 Hwy	ount
City State Zip Code	70.00
Bear Creek NC 27207 Tra	nsaction ID: 3fba5ff5-dbd7-4348-9 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District: 00
Ms. Kay Hagan Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
Full Name of Payee Dat	Other (specify)
Daniel M Qauckenbush	te of Public Distribution/Dissemination 10 28 2014
Mailing Address 12062 NC 902 Hwy	nount
City State Zip Code	33.90
	nsaction ID: 71cb69ae-c78f-4aad-b te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 7 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Oppose Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	103.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	30 2014
Signature	

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Schedule E)	INT EXI END	TIONES	PAI FO	GE 25 OF 165 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	ΓIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y = Y
Full Name of Payee Jessica A Felix				stribution/Dissemination
Mailing Address 873 Stoneykirk Dr			10 / 0	28 2014
070 Olonoyalik Di			Amount	
City	State	Zip Code		15.00
Fayetteville	NC	28314	Transaction ID : (Date of Disbursen	Obc9b007-6f83-4e81-b nent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Ms. Kay Hagan		X Oppose	President X S	enate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	070184.43	Disbursement For: 2014 Other (specify	Primary
Full Name of Payee			Date of Public Dis	stribution/Dissemination
Bethlehem R Romm			M M / D	28 2014
Mailing Address 2609 Bluestrem Dr			Amount	2014
City	State	Zip Code		30.00
Lawrence	KS	66047		4a51270-c62c-435a-8 ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	28 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Mr. Greg Orman		X Oppose	President X S	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	190677.60	Disbursement For: 2014 Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	45.00
(b) OUDTOTAL of Helbers' and helbers adout Francisco	49		7	7
(b) SUBTOTAL of Unitemized Independent Exper	iditures		>	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30	2014
2. 3				

Schedule E)	NI EXI END	ITOTILO		PAGE 26 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Bethlehem R Romm			M = M /	Distribution/Dissemination
Mailing Address 2609 Bluestrem Dr			Amount	28 2014
City	State	Zip Code		4.50
Lawrence	KS	66047		D: 7f3e975c-d558-4f85-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President >	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	190677.60	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Jennifer F Gilbert			10 /	28 2014
Mailing Address 180 McNeil Steep Hollow Rd			Amount	
City	State	Zip Code		72.50
Carriere	MS	39426		: 57a102f4-e345-4179-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	217987.97	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ires		·	77.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	
			4	4-1-4-1
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 30	2014
Jigilataio				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jennifer F Gilbert	10 28 2014
	Mailing Address 180 McNeil Steep Hollow Rd	Amount
	City State Zip Code	47.70
	Carriere MS 39426	Transaction ID : 6f2a5fce-72c8-4f6f-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	047007.07	ursement For: Primary X General
	Per Election for Office Sought 217987.97 2014	Other (specify) ▶
	Full Name of Payee Sommer E Cox	Date of Public Distribution/Dissemination
	Mailing Address 1519 Walshtown Rd	10 28 2014
	5 1319 Walshowi Nu	Amount
	City State Zip Code	52.50
	Boomer NC 28606	Transaction ID: 8d0644db-9a4e-4440-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	100.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	للنقيا لنا ل

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Sch	edule E)	1 E/(1 E/(2)	1101120		PAGE 28 OF 165 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Checl	k if X 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
T ₅	Full Name of Payee Sommer E Cox			M	of Public Distribution/Dissemination
N	Mailing Address 1519 Walshtown Rd			Amour	10 28 2014
	Dity	State	Zip Code		8.10
	Boomer	NC	28606		action ID: b26dd84c-e1dd-426d-9 If Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	М	10 28 / 2014
N	lame of Federal Candidate		Support	Office Sought	:: House District: 00
N	Ms. Kay Hagan		Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought	10	070184.43	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
	John K Necaise III			M	of Public Distribution/Dissemination
M	Mailing Address 1905 Franklin Ave			Amour	
C	Dity	State	Zip Code		35.00
	New Orleans	LA	70117		ction ID: a16a3639-5b8f-4729-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 28 7 2014
Ν	Name of Federal Candidate		Support	Office Sought	t: House District:00
N	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, ,	217987.97	Disbursement 2014 Ot	t For: Primary X General
(a)) SUBTOTAL of Itemized Independent Expenditure	əs		. •	43.10
(b)) SUBTOTAL of Unitemized Independent Expendit	tures		· •	
(c)) TOTAL Independent Expenditures			·· •	
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidarty committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Schedule E)	II EXI END	TOTILO		PAGE 29 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee John K Necaise III				of Public Distribution/Dissemination
Mailing Address 1905 Franklin Ave			TV	10 28 2014
1905 Franklin Ave			Amou	nt
City	State	Zip Code		16.41
New Orleans	LA	70117		action ID: 35abc349-7591-4959-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	TV	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	it: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, 2	217987.97	Disbursemen 2014 C	tt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Andrew Sricklin				10 28 2014
Mailing Address 2026 West Nettleton Avenue Apr	2		Amou	int
City	State	Zip Code		20.00
Jonesboro	AR	72401		action ID: e80136c8-b12d-4394-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 28 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	214365.41	Disbursemer 2014 C	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			36.41
(b) SUBTOTAL of Unitemized Independent Expendi	tures		. —	
(b) SOBTOTAL OF OTHER MEDICAL MEDICAL EXPENSE				
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	30 / 2014
-				

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Andrew Sricklin	Da	te of Public Distribution/Dissemination
		10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2026 West Nettleton Avenue Apt 2	Am	nount
City	rate Zip Code	14.40
00.1002010		ansaction ID : 94475beb-4524-4c3e-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sor	ught: House District: 00
Mr. Mark L Pryor	Oppose Pre	sident State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursen 2014	nent For: Primary X General Other (specify) ▶
Full Name of Payee Thomas A Gawdun Mailing Address 2207 SE 64th St		ate of Public Distribution/Dissemination 10 28 2014
City S	tate Zip Code	40.00
1 '	KS 66605 Trai	nsaction ID: 890e5cba-9404-4be9-8 te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 28 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Mr. Greg Orman	Oppose Pre	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	190677.60 Disburser 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	54.40
(b) SUBTOTAL of Unitemized Independent Expenditures	\$ >	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	30 / 2014
Signature		

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OF

Schedule E)	INT EXTEND	THORIES		PAGE 31 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Thomas A Gawdun			Date of Public	Distribution/Dissemination
Mailing Address 2207 SE 64th St			Amount	28 2014
City	State	Zip Code		2.61
Topeka	KS	66605		2:01 2: b6d57ff5-e5f1-44e5-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, , ,	190677.60	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Joshua J Huffman			10	28 / 2014
Mailing Address 211 Dixie Ave			Amount	
City	State	Zip Code		60.00
Harrisonburg	VA	22801		: 3ef243f2-bbd5-43a6-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	190677.60	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures			62.61
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
			4	4
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 30	2014
5.g.iataro				

Schedule E)	INT EXI END	TTOTILO		PAGE 32 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Jeffrey S Hauge			10	28 2014
Mailing Address 211 N Ashley Park			Amount	
City	State	Zip Code		35.00
Wichita	KS	67212		ID: d06af25f-5db2-4e0a-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 1 7	190677.60	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Jeffrey S Hauge			10	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 211 N Ashley Park			Amount	
City	State	Zip Code		4.20
Wichita	KS	67212		D: b2d4d3e9-738a-48bc-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		190677.60	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			39.20
				7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		>	7
(c) TOTAL Independent Expenditures)	9 9
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 30	2014
-				

Schedule E)	LIVI LXI LIV	TIONES	PAGE 33 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Rielly McMillion			Date of Public Distribution/Dissemination
Mailing Address 2501 Boone Trail			10 28 2014 Amount
City N Wilksboro	State NC	Zip Code 28659	24.20 Transaction ID : afc432a0-640b-4a83-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	070184.43	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination
Mailing Address 915 East Market Ave			10 28 2014 Amount
City	State	Zip Code	100.00
Searcy	AR	72149	Transaction ID : 1792806a-00be-457f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		214365.41	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expendent	litures		. ▶ 124.20
(b) SUBTOTAL of Unitemized Independent Expe	enditures		. •
(c) TOTAL Independent Expenditures			
			4 4
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30 / 2014
Olynatul e			

Schedule E)	LINI LAFLIND	ITORES		PAGE 34 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y = Y
Full Name of Payee Dylan J Sparks			Date of Public	Distribution/Dissemination
Mailing Address 915 East Market Ave			10	28 2014
			Amount	
City	State	Zip Code		146.40
Searcy	AR	72149		D: 6396d0a2-f14c-4c1e-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	:	214365.41	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee				Distribution/Dissemination
Zachary R McCleese			M M /	28 2014
Mailing Address 323 Rolling Pines Dr			Amount	
City	State	Zip Code		40.00
Spring Lake	NC	28390		D: 8518ead3-fcfb-4704-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		214365.41	Disbursement For: 2014 Other (sp	Primary
-				
(a) SUBTOTAL of Itemized Independent Expendent	ditures		· >	186.40
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· >	7
(c) TOTAL Independent Expenditures)	1 7 1 1 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 30	2014
•				

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	te of Public Distribution/Dissemination
Zachary R McCleese	10 28 2014
Mailing Address 323 Rolling Pines Dr	ount
City State Zip Code	12.90
Spring Lake NC 28390 Tra	insaction ID: 7496736a-50ff-4093-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Mark I. Prvor	sident State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursem 214365.41 Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
	te of Public Distribution/Dissemination
Antoinette Franklin	10 28 2014
Mailing Address 8822 Apple St	nount
City State Zip Code	60.00
	nsaction ID: 97209b9e-31ec-45e6-b te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 D D D Z 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Pres	·
Calendar Year-To-Date Per Election for Office Sought Disbursem 217987.97 Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	72.90
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	30 2014
Signature	

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report Ne	ew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Antoinette Franklin	10 28 2014
Mailing Address 8822 Apple St	Amount
City State	Zip Code 9.00
New Orleans LA	70188 Transaction ID : dddd2e94-8a7d-4ba5-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 28 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 217987.97 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Tammay Williams	10 28 2014
Mailing Address 924 N. Prieur St	Amount
City State	Zip Code 80.00
New Orleans LA	70116 Transaction ID : e5eed9d1-fb88-44eb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 28 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	89.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	•
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [E	Slectronically Filed] Date 10 30 2014
Signature	

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OF

Schedule E)	VI EXI END	TOTILO		PAGE 37 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Tammay Williams			M = M	ic Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amount	28 2014
City	State	Zip Code		15.00
New Orleans	LA	70116		ID: d4f86368-078b-4a9b-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	217987.97	Disbursement For: 2014 Other (s	Primary ⊠ General pecify) ▶
Full Name of Payee Kenny Wallis			Date of Publ	ic Distribution/Dissemination
Mailing Address 6412 Osage Dr			10 Amount	28 2014
City	State	Zip Code		25.00
North Little rock	AR	72116		D : 76186b53-98b9-4b53-9 pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	214365.41	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		.	40.00
(b) SUBTOTAL of Unitermized Independent Expendent	litures		•	
(c) TOTAL Independent Expenditures				
			P	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 30	2014
Olgitature				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on	= M	/ D = D /	Y I Y I Y I Y
	Full Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
	Kenny Wallis	M	10 ^M	28	2014
	Mailing Address 6412 Osage Dr	Amou	nt		
	City State Zip Code	_			4.26
	North Little rock AR 72116			n ID: 88f680c1 bursement or C	-c331-430c-b
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	28	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Mark L Pryor	Preside		X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsemen		Primary specify) ▶	General
	Full Name of Payee Lisa Booth		of Pub	olic Distribution,	
	Mailing Address 1434 South Avenue	IV	10	28	2014
	1404 Goddi Avende	Amou	nt		
	City State Zip Code		_		100.00
	Eden NC 27288			ID: e0c5e265- bursement or 0	
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	28	2014
	Name of Federal Candidate Support Office	Sough	ıt:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures				104.26
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			7	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	O /	30		4
	Signature		_		

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OF

Schedule E)	IN EXILID	TIONES	PAGE 39 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			10 28 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	23.40
Eden	NC	27288	Transaction ID : 2fe96a43-688d-4fd4-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 28 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	070184.43	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Brittany Jones			10 28 2014
Mailing Address 338 Wayne Drive			Amount
City	State	Zip Code	7.00
Shreveport	LA	71105	Transaction ID: 8b507172-4f62-4822-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	217987.97	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures		30.40
(I) OUDTOTAL (III II I	19		
(b) SUBTOTAL of Unitemized Independent Exper	iditures		•
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candiparty committee) any political party committee or	idate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30 / 2014
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				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	ı	FEC I	IDENTIFICATION	ON NUMBER ▼
V۱	Vomen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on	М	/ D = D /	Y I Y I Y I Y
	Full Name of Payee	Date of	f Publ	lic Distribution	Dissemination
	Luke S Buren		10 ^M	28	2014
	Mailing Address 415 E Carroll	Amoun	t		
	City State Zip Code				22.50
	Macomb IL 61455			ID: c7b851c	
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	28	2014
	Name of Federal Candidate Support Office	Sought	: [House	District:00
	Mr. Mark L Pryor Oppose	Preside	ı	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement		Primary specify) ▶	General
	Full Name of Payee			olic Distribution	Discomination
	Luke S Buren	M	1 Fub	/ DISTRIBUTION	2014
	Mailing Address 415 E Carroll	Amoun	_	20	2011
	City State Zip Code				13.68
	Macomb IL 61455			ID: d43bf11e- bursement or (
	Purpose of Expenditure Mileage Category/ Type 002	M	10 ^M	28	2014
	Name of Federal Candidate Support Office	Sought	:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	nt	Senate	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014 2014			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures				36.18
	(b) SUBTOTAL of Unitemized Independent Expenditures			4	
	(c) TOTAL Independent Expenditures			7	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	30	D / Y Y 201	4
	Signature				

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,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report Ne	ew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Ceslie A Benner	10 28 2014
Mailing Address 2081 Knob Hill Rd	Amount
City State	Zip Code 45.00
Azle TX	76020 Transaction ID : 96922e6f-5bd8-4fce-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 28 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Ceslie A Benner Mailing Address 2081 Knob Hill Rd	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	
City State Azle TX	Zip Code 47.40 76020 Transaction ID : 47055b10-a954-45a8-9
Purpose of Expenditure Mileage	Category/ 002 Date of Disbursement or Obligation M 10 28 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	92.40
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······································
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
	Clectronically Filed] Date 10 30 2014
Signature	

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		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Amber N Robbins	10 28 2014
	Mailing Address 1074 A Cottrell Hill Rd Apt A	Amount
	City State Zip Code	20.00
	Lenior NC 28645	Transaction ID : f4a51330-2b0f-429f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
	Full Name of Payee Aleksandra B Padua	Date of Public Distribution/Dissemination
		10 28 2014
	Mailing Address 110 Bridge gate Dr	Amount
	City State Zip Code	40.00
	Cary NC 27519	Transaction ID: 1353f947-70b7-401f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 28 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	60.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	0 30 2014
	Signature	

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Aleksandra B Padua	10 28 2014
	Mailing Address 110 Bridge gate Dr	Amount
	City State Zip Code	12.06
	Cary NC 27519	Transaction ID : d49e3ec3-6639-405d-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General
		Other (specify)
	Full Name of Payee Melissa D Turner	Date of Public Distribution/Dissemination
	Mailing Address 9653 Nations Dr	10 28 2014 Amount
	City State Zip Code	22.50
	Springdale AR 72762	Transaction ID: d454c630-98ec-48a4-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	34.56
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		0 30 2014
	Signature	

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
	Full Name of Payee Lorri Anderson	Date of Public Distribution/Dissemination
		10 28 2014
	Mailing Address 7214 Duchamp Dr	Amount
ı	City State Zip Code	35.00
	Charlotte NC 23215	Transaction ID : dca0d832-935b-416d-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 / 2014
	Name of Federal Candidate Support Office	Sought: House District:00
	Ms Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
	Full Name of Payee Lorri Anderson Mailing Address 7214 Duchamp Dr	Date of Public Distribution/Dissemination
	Mailing Address 7214 Duchamp Dr	Amount
ľ	City State Zip Code	2.70
		Transaction ID : 39b6ea3a-7992-4cf1-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / 28 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	37.70
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	1 4 1 4 1 6
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma vith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Erissia Anderson	10 28 2014
	Mailing Address 11005 Oak Forest Pkwy Dr Apt F	Amount
	City State Zip Code	25.00
	Saint Louis MO 63146	Transaction ID: 0503ed7b-9a5b-43ff-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
		ursement For: Primary X General
	Per Election for Office Sought 214365.41 2014	Other (specify) ▶
	Full Name of Payee Erissia Anderson	Date of Public Distribution/Dissemination
	Mailing Address 11005 Oak Forest Pkwy Dr Apt F	10 28 2014
	Mailing Address 11005 Oak Forest Pkwy Dr Apt F	Amount
	City State Zip Code	11.40
	Saint Louis MO 63146	Transaction ID: 8dcc5a79-19ee-44f1-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M 10
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	36.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7 1
,	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 30 2014
	Signature	
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OF

Schedule E)	DENT EXTEND	ITOTILO		PAGE 46 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour repor	t New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Nathan D Stevens			M = M	c Distribution/Dissemination
Mailing Address 9653 Nations Dr			Amount	28 2014
City	State	Zip Code		25.00
Springdale	AR	72762		ID: f889aaae-cdc3-429b-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		214365.41	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Lisa A Funck			10	/ D D / Y Y Y Y Y Y Y 28 2014
Mailing Address 23901 W Hwy 66			Amount	
City	State	Zip Code		45.00
Calumet	OK	73014		D: 9ccd2bd9-7b44-4227-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		214365.41	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	nditures			70.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures			
			7	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 30	2014
5.g. (a.a.)				

Schedule E)	THE EXILENS	1101120		PAGE 47 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Laura U Logie	<u></u>			Public Distribution/Dissemination
Mailing Address 2565 Shire Circle			M 10	
			Amount	
City	State	Zip Code		50.00
Harrisonburg	VA	22801		ction ID : ac000fa5-5e0d-4551-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7	190677.60	Disbursement I	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Karen Congema			M 1	0 28 2014
Mailing Address 813 Worthington Way			Amount	لىنىا لنا ك
	01-1-	7. 0.4.		40.50
City Wilmington	State NC	Zip Code 28411	Transact Date of	12.50 tion ID : 93dd18e2-b300-41ce-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	1070184.43	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures			62.50
•				<i></i>
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· • [7
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date		30 2014
Signature		_		

Schedule E)	II EXI END	ITOTILO		PAGE 48 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Karen Congema			M = M /	Distribution/Dissemination
Mailing Address 813 Worthington Way			Amount	28 2014
City	State	Zip Code		4.80
Wilmington	NC	28411		D: bed3edd4-569d-428d-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	1(070184.43	Disbursement For: 2014 Other (specific	Primary X General ecify) ▶
Full Name of Payee Amy J McMillion			M = M /	Distribution/Dissemination
Mailing Address 1325 S Collegiate Dr Apt 202G			Amount	28 2014
City	State	Zip Code		24.20
Wilkesboro	NC	28697		: 3e0254f8-2318-4280-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1070184.43	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditur	es			29.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	7
				4
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 30	2014
Signataro				

Schedule E)		AI LIIDI	101120		PAG FOR	E 49 OF 165 SE OF FORM 24/48
NAME OF COMMITTEE (In Full	•				<u> </u>	FICATION NUMBER ▼
Women Speak Out Pa	AC				C C005	
Check if 24-hour report	48-hour report	New repo	ort Amends re	eport filed	on M M / D	D / Y = Y = Y
Full Name of Payee Amy J McMillion						ribution/Dissemination
Mailing Address 1325 S Col	legiate Dr Apt 202G					2014
<u> </u>						
City Wilkesboro	Stati NC		Zip Code 28697			3.90 In the second sec
Purpose of Expenditure Mileage			Category/ Type 0	02		28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate			Support	Office	Sought: Ho	use District: 00
Ms. Kay Hagan			X Oppose			nate State: NC
Calendar Year-To-Date Per Election for Office	Sought	10	70184.43	Disbu 2014	rsement For: Other (specify)	Primary X General
Full Name of Payee Virginia T Grant Mailing Address 134 Shor	re Crest Circle				M = M / D	ribution/Dissemination
					Amount	
City Carrire	Stat MS		Zip Code 39426		Transaction ID : 6ac Date of Disbursement	
Purpose of Expenditure Salary			Category/ Type	01	M = M / D	/ Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate			Support	t Office	Sought: Ho	use District: 00
Ms. Mary L Landrieu			X Oppose			nate State: LA
Calendar Year-To-Date Per Election for Office	Sought		217987.97	Disbu 2014	orsement For: Other (specify)	Primary X General
(a) SUBTOTAL of Itemized I	ndependent Expenditures			····· >	7	63.90
(b) SUBTOTAL of Unitemized	d Independent Expenditures			····· >	1 1 7	4
(c) TOTAL Independent Expe	enditures			······ >	47-1	7
Under penalty of perjury I ce with, or at the request or sug party committee) any political	gestion of, any candidate or	authorized				
Ms. Emily Buchan	an	[Electroni	ically Filed]	oate 1	0 30	2014
Signature						

Schedule E)	I EXI END	TOTILO		PAGE 50 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Virginia T Grant			M = M	blic Distribution/Dissemination
Mailing Address 134 Shore Crest Circle			Amount	28 2014
City	State	Zip Code		12.90
Carrire	MS	39426		on ID: c1490197-a15b-4e0d-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , 2	217987.97	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	iblic Distribution/Dissemination
Kyler A Jost			10	28 2014
Mailing Address 1830 College Height Rd			Amount	
City	State	Zip Code		25.00
Manhattan	KS	66502		n ID : eed21138-b249-4be2-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	/ 28 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	190677.60	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditure	9S			37.90
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
				4 4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 30	
- gridiano				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y I Y I Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution	Dissemination
	Kyler A Jost	M	10 ^M	28	2014
	Mailing Address 1830 College Height Rd	Amou	nt		
ŀ	City State Zip Code	Г.			4.80
	Manhattan KS 66502	Trans Date of	action of Disk	n ID: 5eed2654 bursement or 0	1-22c6-463d-9 Obligation
	Purpose of Expenditure Mileage Category/ Type 002		10	28	2014
Ì	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Greg Orman Oppose	Preside		Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut	irsemen		Primary specify) ▶	K General
ľ	Full Name of Payee Felicia A Jones			olic Distribution	/Dissemination
		IV	10 ^M	28	2014
	Mailing Address 4106 Martha St	Amou	nt		
ŀ	City State Zip Code	П.			80.00
	Shreveport LA 71109			ID: 91fecdd4- bursement or 0	
	Purpose of Expenditure Salary Category/ Type 001	IV	10 ^M	28	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 217987.97			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures				84.80
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures	Ľ.		7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	30		4
	Signature				

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OF

Schedule E)	LIVI EXI LIVE	THORIES		PAGE 52 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee Felicia A Jones			Date of Public	Distribution/Dissemination
Mailing Address 4106 Martha St			10 Amount	28 2014
			7 tilloditi	
City	State	Zip Code		9.60
Shreveport	LA	71109		D: df1db953-c8b3-44c4-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	217987.97	Disbursement For: 2014 Other (specific	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Carla K Pilgreen			10 /	28 2014
Mailing Address 212 Stonecliff Dr			Amount	
City	State	Zip Code		40.00
West Monro	LA	71291		0: 36e81952-d3d3-43f7-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		217987.97	Disbursement For: 2014 Other (sp	Primary X General secify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			49.60
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 30	2014
Signaturo				

Schedule E)		101120		PAGE 53 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Carla K Pilgreen			D	Date of Public Distribution/Dissemination
Mailing Address 212 Stonecliff Dr				10 28 2014
City Sta West Monro L		Zip Code 71291		11.40 ransaction ID: 8387f60c-b427-4330-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 28 2014
Name of Federal Candidate		Support	Office S	ought: House District: 00
Ms. Mary L Landrieu		X Oppose		resident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	17987.97	Disburse 2014	ement For: Primary X General Other (specify) ▶
Full Name of Payee Diane Smith			С	Date of Public Distribution/Dissemination
Mailing Address 4006 Wolkswalk Place			Α	10 28 2014 Amount
City Sta	ate	Zip Code		14.50
Raleigh	IC	27610		ansaction ID: 134a6004-4b24-4d89-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 28 2014
Name of Federal Candidate		Support	Office S	ought: House District: 00
Ms. Kay Hagan		X Oppose		resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1070184.43	Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				25.90
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized			
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	10	30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Dat	te of Public Distribution/Dissemination
Diane Smith	10 28 2014
Mailing Address 4006 Wolkswalk Place Am	nount
City State Zip Code	6.00
Raleigh NC 27610 Tra	ansaction ID : cb6e0e0c-fd97-44d9-a te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan Oppose Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Date Peggy A Sides	te of Public Distribution/Dissemination
r eggy A Sides	10 28 2014
Mailing Address 2183 Spokane Rd Am	nount
City State Zip Code	60.00
	nsaction ID : 2e6906ca-efeb-4e59-b te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 28 7 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Oppose Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	66.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 7 1 7 1
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)		1101120		PAGE 55 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Peggy A Sides			M = M	ablic Distribution/Dissemination
Mailing Address 2183 Spokane Rd			Amount	28 2014
City	State	Zip Code		12.00
Fayetteville	NC	28304		on ID : 69cc4502-311a-4e7e-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	070184.43	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Gary W Fuhrmann Mailing Address 9425 Jessica Drive			Date of Pu	ublic Distribution/Dissemination
City	State	Zip Code		30.00
Shreveport	LA	71106	Transaction Date of Di	n ID: 070837a9-c340-4b13-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		217987.97	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expendit	tures			42.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	7.1.7.1.7.1
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cancer party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 10 30	
Signature				

Schedule E)	I LNDLIN LAI LNDI	TOTILO	PAGE 56 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-ho	ur report New repo	ort Amends repo	ort filed on
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination
Mailing Address 9425 Jessica Drive			10 28 2014 Amount
City	State	Zip Code	14.70
Shreveport	LA	71106	Transaction ID : 1f56caee-7848-417e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	17987.97	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Krista J Smith			10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 41176 Bertville Rd			Amount
City	State	Zip Code	35.00
Gonzales	LA	70737	Transaction ID : 05bbacf5-1286-41d8-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	217987.97	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independe	nt Expenditures		49.70
(b) SUBTOTAL of Uniternized Indepen	dent Expenditures		
.,	•		7 7 7
(c) TOTAL Independent Expenditures.			· •
	f, any candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 30 / 2014
Signaturo			

Schedule E)	EXI END			PAGE 57 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Krista J Smith				of Public Distribution/Dissemination
Mailing Address 41176 Bertville Rd			Amour	10 28 2014 nt
City	State	Zip Code	— I	6.48
Gonzales	LA	70737		action ID : b17339c7-4a1c-4af3-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	10 28 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	17987.97	Disbursement 2014 Of	t For:
Full Name of Payee Patricia F Arnold				of Public Distribution/Dissemination
Mailing Address 1117 Clipper Dr			Amou	10 28 2014 nt
City	State	Zip Code		25.00
Slidell	LA	70458		ction ID: 082119f6-ef95-4f89-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 28 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		217987.97	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures.				31.48
(b) SUBTOTAL of Unitemized Independent Expenditure	es			7 1 7 1 7
(c) TOTAL Independent Expenditures			· ·	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	30 / 2014
Signature				

Schedule E)	IDENT EXICION	TOTILO	⊢	PAGE 58 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour repo	rt New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Patricia F Arnold			Date of Public	Distribution/Dissemination
Mailing Address 1117 Clipper Dr			10	28 2014
	0			100
City Slidell	State LA	Zip Code 70458		1.02 D: d64578d3-eae0-4ea8-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	17987.97	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jacob T Craig			10	28 2014
Mailing Address 1410 Bushville Dr			Amount	
City	State	Zip Code		50.00
Lenoir	NC	28645		: ee869b22-27c4-4969-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1070184.43	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	enditures		•	51.02
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
(c) con a comment maspendent i	, , , , , , , , , , , , , , , , , , ,		-	4
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 30	2014
-				

Schedule E)	INT EXTEND	TIONES	PAGE 59 FOR SE 0	OF 165 F FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATI	ON NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	X New rep	port Amends repo	t filed on M M / D D /	Y Y Y
Full Name of Payee Josh R Arnold			Date of Public Distribution	
Mailing Address 1531 N Ridgewood Dr			10 / 28	2014
1551 N Riagewood Di			Amount	
City	State	Zip Code		27.50
Wichita	KS	67208	Transaction ID : bed82e8 Date of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 001	10 / 28	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Mr. Greg Orman		X Oppose	President Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought		190677.60	Disbursement For: Primary 2014 Other (specify) ▶	y X General
Full Name of Payee			Date of Public Distribution	n/Dissemination
Josh R Arnold			10 28	2014
Mailing Address 1531 N Ridgewood Dr			Amount	
City	State	Zip Code		10.05
Wichita	KS	67208	Transaction ID : dde8f961 Date of Disbursement or	
Purpose of Expenditure Mileage		Category/ Type 002	10 28	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Mr. Greg Orman		Oppose	President X Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought		190677.60	Disbursement For: Primar 2014 Other (specify) ▶	y X General
(a) SUBTOTAL of Itemized Independent Expend	itures			37.55
			7	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30 7 20	14
-				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Ashlee G Anderson	10 28 / 2014
	Mailing Address 2226 Enloe St	Amount
	City State Zip Code	25.00
	Fayetteville NC 28306	Transaction ID : 578629fd-33f9-401e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General
		Other (specify)
	Full Name of Payee Mary R Kirkland	Date of Public Distribution/Dissemination
	Mailing Address 504 Green Meadow Dr	10 28 2014 Amount
	City State Zip Code	60.00
	Boyd TX 76023	Transaction ID: 73896194-01fb-4497-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 214365.41	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	85.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) (' 1) 7 1 1	0 30 2014
	Signature	المنتقدا التدا

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OF

	caule Ly	FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C C00530766
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
F	Full Name of Payee	Date of Public Distribution/Dissemination
	Noah J Smith	10 28 2014
N	Mailing Address 41174 Bertville Rd	Amount
	City State Zip Code	35.00
- 1	Gonzales LA 70737	Transaction ID: c676c548-0362-4431-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
١	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb. 217987.97	
	Full Name of Payee	Other (specify) ▶ Date of Public Distribution/Dissemination
	Christopher L Gilbert	10 28 2014
1	Mailing Address 55 Lovell Johnson Rd	Amount
	City State Zip Code	70.00
	Picayune MS 39466	Transaction ID: 78df2512-55a6-4c43-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 / 2014
1	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: LA
l	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(с	TOTAL Independent Expenditures	
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not meth, or at the request or suggestion of, any candidate or authorized committee or agent of either try committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	0 30 2014
	Signature	

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OF

Schedule E)	PAGE 62 OF FOR SE OF FORM 24/	165 /48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	ER ▼				
Women Speak Out PAC	C C00530766					
Check if 24-hour report 48-hour report New I	eport Amends report filed on Amends report	Y				
Full Name of Payee Christopher L Gilbert	Date of Public Distribution/Disseminat					
Mailing Address 55 Lovell Johnson Rd	10 28 2014 Amount					
City State	Zip Code 28	3.80				
Picayune MS	39466 Transaction ID : d6f8bfe8-e938-4f90 Date of Disbursement or Obligation					
Purpose of Expenditure Mileage	Category/					
Name of Federal Candidate	Support Office Sought: House District:	00				
Ms. Mary L Landrieu		LA				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X Ge 217987.97 Other (specify) ▶	eneral				
Full Name of Payee Marilyn A Holt		Y Y				
Mailing Address 314 Tumbleweed Dr						
City State	Zip Code 30.	00				
Winston Salem NC	27127 Transaction ID : 102b7b02-c4d8-441e Date of Disbursement or Obligation					
Purpose of Expenditure Salary	Category/ Type 001 10 28 2014					
Name of Federal Candidate	Support Office Sought: House District:	00				
Ms. Kay Hagan	Oppose President Senate State:	NC				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ Ge 2014 ☐ Other (specify) ▶	eneral				
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	······································					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan [Electronic Signature	ronically Filed] Date 10 30 2014					

Schedule E)	INI EXI END	TIONES	⊢	PAGE 63 OF 165 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼		
Women Speak Out PAC	C	00530766				
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Marilyn A Holt			10	28 / 2014		
Mailing Address 314 Tumbleweed Dr			Amount			
City	State	Zip Code		10.80		
Winston Salem	NC	27127		0:76a42b55-164c-42da-a sement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	1	070184.43	Disbursement For: [2014 Other (spe	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Julie M Gentry			M M /	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 314 S Main St			Amount			
City	State	Zip Code		77.50		
Roxboro	NC	27573		: 17e54b58-fdc8-4408-8 sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	7 7	1070184.43	Disbursement For: 2014 Other (spe	Primary		
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			88.30		
(b) SUPTOTAL of Uniterpized Independent Expen	dituro					
(b) SUBTOTAL of Unitemized Independent Expendent	altures		•			
(c) TOTAL Independent Expenditures			•	1 4 1 4		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30	2014		
-						

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y Y Y Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution	Dissemination
	Julie M Gentry		10 ^M	/ D D / 28	2014
	Mailing Address 314 S Main St	Amour	nt		
ŀ	City State Zip Code				17.58
	Roxboro NC 27573			n ID: b8010182 bursement or (
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	28	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms Kay Hagan	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement		Primary specify) ▶	X General
ŀ	Full Name of Payee			olic Distribution	/Dissemination
	Ruthie M Thompson	M	10 ^M	/ D D /	2014
	Mailing Address 286 Wrenn Drive	Amou			.20,1
ŀ	City State Zip Code	Г.			30.00
	Lexington NC 27292			ID: ef4fe865-7 bursement or (
	Purpose of Expenditure Salary Category/ Type 001	_	10 ^M	28	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsemen		Primary	General
((a) SUBTOTAL of Itemized Independent Expenditures				47.58
((b) SUBTOTAL of Unitemized Independent Expenditures			F 1 1 4	
((c) TOTAL Independent Expenditures			7 7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	D /	30		4
	Signature				

PAGE

OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
Ruthie M Thompson		10 28 2014
Mailing Address 286 Wrenn Drive	A	mount
City	tate Zip Code	4.20
Lexington		ransaction ID: 252ccc66-196d-4f1e-9 late of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 28 7 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan		esident State: NC
Calendar Year-To-Date Per Election for Office Sought	1070184.43 Disburse 2014	ement For: Primary
Full Name of Payee Chelsea E Cornett Mailing Address 6279 Marathon Edenton Rd		Date of Public Distribution/Dissemination
		mount
'	State Zip Code OH 45107 Tri	50.00 ansaction ID : efcfb1f5-d79b-4d1d-8
		Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 28 / 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Mr. Mark L Pryor	∑ Oppose Pr	resident State: AR State:
Calendar Year-To-Date Per Election for Office Sought	214365.41 Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		54.20
(b) SUBTOTAL of Unitemized Independent Expenditure	s	7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of either, o	
Ms. Emily Buchanan	[Electronically Filed] Date 10	30 / 2014
Signature		

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OF

Schedule E)	FOR SE OF FORM 24/48					
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC	C C00530766					
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayaya					
Full Name of Payee Mattie Harris	Date of Public Distribution/Dissemination					
	10 28 2014					
Mailing Address 3654 Tara St	Amount					
City State Zip Code	60.00					
springdale AR 72762	Transaction ID: 970f7a71-03de-4add-a Date of Disbursement or Obligation					
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Office	e Sought: House District:00					
Mr. Mark L Pryor Oppose	President State: AR					
Calendar Year-To-Date Per Election for Office Sought Disbut 214365.41 2014	ursement For: Primary					
Full Name of Payee	Date of Public Distribution/Dissemination					
Patrice Wolfe	10 28 2014					
Mailing Address 9909 Treasure Hill Rd	Amount					
City State Zip Code	20.00					
Little Rock AR 72205	Transaction ID: a75e6dc5-e98c-407e-8 Date of Disbursement or Obligation					
Purpose of Expenditure Salary Category/ Type 001	10 28 2014					
Name of Federal Candidate Support Offic	e Sought: House District: 00					
Mr. Mark L Pryor Oppose	President State: AR					
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶					
<u>'</u>						
(a) SUBTOTAL of Itemized Independent Expenditures	80.00					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	0 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature						

	include Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATI	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed		- M	/ D = D /	Y = Y = Y = Y
٦	Full Name of Payee	Date o	f Pub	lic Distribution	/Dissemination
	Patrice Wolfe		10 ^M	28	2014
	Mailing Address 9909 Treasure Hill Rd	Amour	nt		
	City State Zip Code	Г.			15.00
	Little Rock AR 72205			ID: 7d5d5ba	e-1876-4ea5-a Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M	10 ^M	28	2014
	Name of Federal Candidate Support Office	Sought	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside		X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	irsement		Primary	General
	Full Name of Payee Barbara A Williams				/Dissemination
		M	10 ^M	28	2014
	Mailing Address 3002 Darden Rd Apt A	Amour	nt		
	City State Zip Code	Π.			75.00
	,			ID: 4d509029 bursement or	
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	/ 28	2014
	Name of Federal Candidate Support Office	Sought	t:	House	District:00
		Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	y X General
	(a) SUBTOTAL of Itemized Independent Expenditures				90.00
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date		30	D / Y Y 20°	14
	Signature		30		

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OF

Schedule E)		101120		PAGE 68 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C	C00530766		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Kinsey E Beck			M = M	blic Distribution/Dissemination
Mailing Address 103 Glenhaven Ct			Amount	28 2014
City	State	Zip Code		40.00
Harvest	AL	35749		n ID : cfdb4729-7cf7-44aa-b
Purpose of Expenditure Salary		Category/ Type 001	10	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, 2	14365.41	Disbursement For: 2014 Other (:
Full Name of Payee Kinsey E Beck			M = M	blic Distribution/Dissemination
Mailing Address 103 Glenhaven Ct			Amount	28 2014
City	State	Zip Code		4.80
Harvest	AL	35749		ID: ca840daa-b306-4825-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	/ 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Noppose Noppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	214365.41	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	44.80
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 30	

Sc	hedule E)	L/(1 L.(L.	10.120		PAGE 69 OF 165 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report 48-hour report	New repo	ort Amends	report filed	d on M = M / D = D / Y = Y = Y
T	Full Name of Payee Jeremiah A Margeson				Date of Public Distribution/Dissemination
-	Mailing Address 6624 Devon Drive				10 28 2014 Amount
ŀ	City	State	Zip Code		50.00
		OH	45044		Transaction ID : 852e01ca-6a32-443b-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	10 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I	Name of Federal Candidate		Suppo	ort Offic	e Sought: House District: 00
	Mr. Mark L Pryor		X Oppos		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	2	214365.41	Disbi 2014	ursement For: Primary
	Full Name of Payee Jeremiah A Margeson Mailing Address 6624 Devon Drive				Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	6624 Devon Drive				Amount
	City	State	Zip Code		39.00
	Liberty Township	ОН	45044		Transaction ID: 17e24522-1d81-4952-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	10 28 2014
	Name of Federal Candidate		Suppo	ort Offic	ee Sought: House District: 00
	Mr. Mark L Pryor		X Oppos		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		214365.41	Disb 2014	oursement For: Primary General Other (specify) Other
((a) SUBTOTAL of Itemized Independent Expenditures			······ >	89.00
((b) SUBTOTAL of Unitemized Independent Expenditure	es		······ •	
((c) TOTAL Independent Expenditures			······································	
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	10 30 2014
	Signature				

		F	OR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDE	NTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C co	00530766
Chec	k if X 24-hour report 48-hour report New report Amends report filed of	on M=M /	D = D / Y = Y = Y
	Full Name of Payee	Date of Public I	Distribution/Dissemination
	Christopher Marquess	10	28 2014
N	Mailing Address 110 W Pecan St	Amount	
	City State Zip Code		50.00
		Transaction ID Date of Disburs	: 1978bf01-fe30-4412-a ement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	28 / 2014
١	Name of Federal Candidate Support Office	Sought:	House District:00
	Ms. Mary L Landrieu Oppose	President X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disburg 217987.97 Disburg 2014	sement For: Other (spec	Primary
	Full Name of Payee Christopher Marquess Mailing Address 110 W Pecan St	10	Distribution/Dissemination 28 2014
ı		Amount	
(City State Zip Code		38.40
			bd623c17-a674-485e-8 ement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10	28 / 2014
1	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Mary L Landrieu Oppose	President X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For: Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditures	- T	88.40
(b) SUBTOTAL of Unitemized Independent Expenditures	-	4
(с) TOTAL Independent Expenditures	7	
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not made th, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 10	M / 30	2014
	Signature		

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Schedule E)	WI EXI END	TONES		PAGE 71 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766			
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y D Y D
Full Name of Payee Michael A Toomey			M	f Public Distribution/Dissemination
Mailing Address 4120 Bon Aire Dr Apt 6307			Amoun	10 28 2014 t
City	State	Zip Code		42.50
Monroe	LA	71212		ction ID: c19424a4-83dc-4173-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		17987.97	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
Full Name of Payee			Date of	f Public Distribution/Dissemination
Michael A Toomey				10 28 2014
Mailing Address 4120 Bon Aire Dr Apt 6307			Amoun	
City	State	Zip Code		4.50
Monroe	LA	71212		tion ID : 9ced391a-dc8c-4269-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 28 2014
Name of Federal Candidate		Support	Office Sought:	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	217987.97	Disbursement 2014 Otl	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			47.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	30 / 2014
5.g.iataro				

Schedule E)	LIVI EXI END	ITORES		PAGE 72 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC	С	C00530766		
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Cayenne C Corbin			10	28 / 2014
Mailing Address 1851 S Laura St			Amount	
City	State	Zip Code		35.00
Wichita	KS	67211		ID: 29200d35-f7db-439e-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		190677.60	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Cayenne C Corbin			10	28 2014
Mailing Address 1851 S Laura St			Amount	
City	State	Zip Code		6.00
Wichita	KS	67211		D: 0ba015b3-511f-4d26-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	190677.60	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures			41.00
			7	7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· >	7
(c) TOTAL Independent Expenditures)	1 1 7 1 1 5 1
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 30	2014
•				

Schedule E)	KPLINDI	ITORES			AGE 73 OF 165 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC				C co	0530766
Check if X 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D D / Y Y Y Y
Full Name of Payee Alice K Salazar			Da	M M /	Distribution/Dissemination
Mailing Address 605 W Houston St			Ar	10 mount	28 2014
City		Zin Code	— г		00.00
City State Marshall TX		Zip Code 75633			80.00 aa50e8a3-4942-4e6b-b
Purpose of Expenditure Salary		Category/ Type 001			ement or Obligation 28 2014
Name of Federal Candidate		Support	Office So	uaht:	House District: 00
Ms. Mary L Landrieu		X Oppose			Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	217987.97	Disburser 2014	ment For: Other (speci	Primary
Full Name of Payee			Da	ate of Public D	Distribution/Dissemination
Alice K Salazar				10 /	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St			Aı	mount	
City State	e.	Zip Code	— Г		48.00
Marshall TX		75633			f5c019b7-f655-4dde-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10	28 / 2014
Name of Federal Candidate		Support	Office Sc	ought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Pre		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		217987.97	Disburse 2014	ment For: Other (speci	Primary
(a) SUBTOTAL of Itemized Independent Expenditures			, [128.00
#X-21					
(b) SUBTOTAL of Unitemized Independent Expenditures			• •		7
(c) TOTAL Independent Expenditures			•		1 12 1 12
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized				
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M	30	2014
Signature					

Soficadic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Adam L Clark	10 28 2014
Mailing Address 1851 S Laura St	mount
City State Zip Code	35.00
Wichita KS 67211 Tr	ransaction ID: 1518b12f-7dd3-42fd-a ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 28 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
Mr. Greg Orman Pre	esident State: KS
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For: Primary X General
	Other (specify) ►
Full Name of Payee Adam L Clark	ate of Public Distribution/Dissemination
Mailing Address 1851 S Laura St	10 28 2014 mount
City State Zip Code	6.00
Wichita KS 67211 Tra	ansaction ID : dc2d1e8b-2a76-4869-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
Mr. Greg Orman Oppose Pre	esident State: KS
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	41.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	30 2014
Signature	

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Krystal A Wilson	10 28 2014
	Mailing Address 448 Judson Dr	Amount
	City State Zip Code	22.50
	Wake Forest NC 27587	Transaction ID : 20f569f5-1985-404e-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	
		Other (specify)
	Full Name of Payee Adena V Smith	Date of Public Distribution/Dissemination
	Mailing Address 450 Judson Dr	10 28 2014 Amount
	City State Zip Code	22.50
	Wake Forest NC 27587	Transaction ID: 6414d216-ee80-4d11-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 7 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbrace 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	45.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 30 2014
	Signature	

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OF

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	ate of Public Distribution/Dissemination
Adena V Smith	10 28 2014
Mailing Address 450 Judson Dr	mount
City State Zip Code	1.50
Wake Forest NC 27587 T	ransaction ID: 4b670dcd-88a9-43eb-9 late of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Kay Hagan Oppose Pr	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary General
	Other (specify) Other (speci
Joneisha Stewart	Date of Public Distribution/Dissemination 10 28 2014
Mailing Address 2329 Runnymede Dr	10 28 2014 Amount
City State Zip Code	50.00
	ansaction ID: 9680d7b2-c458-404b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 28 / Y Y Y Y Y
Name of Federal Candidate Support Office S	ought: House District: 00
Ms. Mary L Landrieu Oppose Pr	resident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 217987.97 Disburse	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	51.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	30 2014
Signature	

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OF

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	d on M=M / D=D / Y=Y=Y=Y
Full Name of Payee	Date of Public Distribution/Dissemination
Joneisha Stewart	10 28 2014
Mailing Address 2329 Runnymede Dr	10 20 2014
	Amount
City State Zip Code	3.90
Marrero LA 70072	Transaction ID : 77e7b5a7-558d-437e-8
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Mileage Category/ Type 002	10 28 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calcidal Ical Io Date	ursement For: Primary X General
Per Election for Office Sought 217987.97 2014	Other (specify)
Full Name of Payee Eva M Johnston	Date of Public Distribution/Dissemination
Eva ivi Johnston	10 28 2014
Mailing Address 2517 N 47th St	A
	Amount
City State Zip Code	55.00
Milwaukee WI 53210	Transaction ID: 24fc6efa-8c53-4c4e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Time 001	M = M / D = D / Y = Y = Y
Type	10 28 2014
Name of Federal Candidate Support Office	ee Sought: House District: 00
Mr. Greg Orman Oppose	President X Senate State: KS
	pursement For: Primary X General
Per Election for Office Sought 190677.60 201	Other (specify)
_	
(a) SUBTOTAL of Itemized Independent Expenditures	58.90
(b) SUBTOTAL of Unitemized Independent Expenditures	1 4 1 4 1 4
(c) TOTAL Independent Expenditures	
(c) FOIRE Independent Expenditules	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either	• • • • • • • • • • • • • • • • • • • •
party committee) any political party committee or its agent.	, , , , , , , , , , , , , , , , , , , ,
Ma Engle Dealerson	
	10 30 2014
Signature	

Schedule E)	TI EXI END	TONES		PAGE 78 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Brandy Starns			10	28 / 2014
Mailing Address 300 Evangeline St			Amount	
City	State	Zip Code		50.00
Monroe	LA	71201		ID: 7b6b7410-6c98-4180-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , 2	17987.97	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee	_		Date of Publ	ic Distribution/Dissemination
Brandy Starns			10	28 2014
Mailing Address 300 Evangeline St			Amount	
City	State	Zip Code		7.50
Monroe	LA	71201		D : 7a26929d-0973-49a2-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	217987.97	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es			57.50
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7
(c) TOTAL Independent Expenditures			·	1 7 1 5
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 30	2014
-				

Schedule E)	PAGE 79 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report	ort filed on
Full Name of Payee Brenda L McCune	Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6	10 28 2014 Amount
City State Zip Code Conway AR 72032	85.00 Transaction ID: 974b4bf0-7859-455e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 214365.41	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Brenda L McCune	Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6	10 28 2014 Amount
City State Zip Code	57.78
Conway AR 72032	Transaction ID : 7d000c62-3c3d-40b8-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	142.78
(b) SUBTOTAL of Unitemized Independent Expenditures	·· •
(c) TOTAL Independent Expenditures	·· >
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	e 10 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	IN EXILID	TIONES	PAGE 80 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination
Mailing Address 272 Westgate Ct Apt 6			10 28 2014 Amount
City	State	Zip Code	25.00
Lexington	NC	27295	Transaction ID : deb0647a-721a-4177-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	070184.43	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination
Mailing Address 272 Westgate Ct Apt 6			10 28 2014 Amount
			Amount
City	State	Zip Code	12.00
Lexington Purpose of Expenditure	NC	27295	Transaction ID: b7fed2a9-c908-404c-9 Date of Disbursement or Obligation
Mileage		Category/ Type 002	10 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1070184.43	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		37.00
(b) SUBTOTAL of Unitermized Independent Exper	nditures		
(b) SOBTOTAL OF OTHER MEDICAL MEDICAL EXPE			
(c) TOTAL Independent Expenditures			· • • • • • • • • • • • • • • • • • • •
	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

	include Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATI	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed		M	/ D = D /	Y = Y = Y = Y
П	Full Name of Payee	Date (of Pub	lic Distribution	/Dissemination
	Randy G Lookabill	IV	10	28	2014
	Mailing Address 200 Carawood Lane	Amou	nt		
	City State Zip Code	Г.			57.50
	Lexington NC 27295			ID: a2fe8f22 oursement or (
	Purpose of Expenditure Salary Category/ Type 001		10	28	2014
	Name of Federal Candidate Support Office	Sough	ıt:	House	District:00
	Ms. Kay Hagan	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	irsemen		Primary	General
	Full Name of Payer			specify)	/Discouries ties
	Full Name of Payee Randy G Lookabill		и – м	/ D D /	/Dissemination
	Mailing Address 200 Carawood Lane	Amou	10 int	28	2014
1	City State Zip Code	Г.			16.50
	Lexington NC 27295	Transa Date	action of Disl	ID: ed5a83e7 oursement or (-aca9-43a9-8 Obligation
	Purpose of Expenditure Mileage Category/ Type 002		10	28	2014
1	Name of Federal Candidate Support Office	Sough	nt:	House	District:00
	Ms. Kay Hagan Oppose	Presid	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	/ Kaneral
	(a) SUBTOTAL of Itemized Independent Expenditures			7	74.00
	(b) SUBTOTAL of Unitemized Independent Expenditures				1 0
_	(c) TOTAL Independent Expenditures			- 4	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date		30	201	Y Y 14
	Signature				

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Schedule E)	ENT EXILID	ITOTILO		PAGE 82 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Gregory Green			10	28 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		50.00
Shreveport	LA	71104		9 : 85d55e30-4b29-494a-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		217987.97	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Gregory Green			10	28 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		25.80
Shreveport	LA	71104		: e7806187-06ad-42ef-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		217987.97	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendent	litures			75.80
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			•	1 7 1 7 1
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ididate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 30	2014
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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Brenda K Billington	10 28 2014
	Mailing Address 437 Roberson Creek Rd	Amount
	City State Zip Code	75.00
	Pittsboro NC 27312	Transaction ID : 026ddc7b-1c32-4bcc-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 28 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District:00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General
		U Other (specify) ▶
	Full Name of Payee Brenda K Billington	Date of Public Distribution/Dissemination
	Mailing Address 437 Roberson Creek Rd	10 28 2014 Amount
	City State Zip Code	18.30
	Pittsboro NC 27312	Transaction ID : abb8370a-f3d7-46bb-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	93.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(7) (1) 7) 11	10 30 2014
	Signature	للنتا لتا

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Sch	edule E)	1 6/1 6/10			PAGE 84 OF 165 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
 Chec	k if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Full Name of Payee Zachary Vidrine				of Public Distribution/Dissemination
N	Mailing Address 202 Rue Des Cajun			Amour	10 28 2014 nt
	Dity	State	Zip Code	<u> </u>	70.00
	Ville Platte	LA	70586		action ID : 7863258e-c08e-4fc9-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 28 7 2014
N	Name of Federal Candidate		Support	Office Sought	t: House District: 00
N	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	217987.97	Disbursement 2014 Ot	t For: Primary X General
	Full Name of Payee Zachary Vidrine				of Public Distribution/Dissemination
N	Mailing Address 202 Rue Des Cajun			Amou	
	Dity	State	Zip Code		18.60
_	Ville Platte	LA	70586		ction ID : e743dbc2-ad19-45f5-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 28 7 2014
Ν	Name of Federal Candidate		Support	Office Sough	t: House District:00
_ N	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, ,	217987.97	Disbursement 2014 O	t For:
(a)) SUBTOTAL of Itemized Independent Expenditure	əs		· -	88.60
(b)) SUBTOTAL of Unitemized Independent Expendit	tures		•	
(c)) TOTAL Independent Expenditures			•	
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidatry committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	10	30 2014
	Signature				

Schedule E)	INI EXI END	TIONES		PAGE 85 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Edmond D Rea			M = M	lic Distribution/Dissemination
Mailing Address 416 Vine Dr			Amount	28 2014
City Lawrence	State KS	Zip Code 66049	Transaction	70.00 ID: e45b46e2-a633-4932-9
Purpose of Expenditure Salary		Category/		pursement or Obligation
Name of Federal Candidate		Type Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	190677.60	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Edmond D Rea			Date of Pub	olic Distribution/Dissemination
Mailing Address 416 Vine Dr			Amount	20 2014
City Lawrence	State KS	Zip Code 66049	Transaction	12.30 ID : 497a8d59-aef8-486f-8
Purpose of Expenditure Mileage	-	Category/ Type 002	Date of Disl	bursement or Obligation 28 2014
Name of Federal Candidate Mr. Greg Orman		Support	Office Sought:	House District: 00
Calendar Year-To-Date		Oppose	Disbursement For: 2014	Senate State: KS Primary General
Per Election for Office Sought	, , ,	190677.60		specify)
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	82.30
(b) SUBTOTAL of Unitemized Independent Exper	nditures		·· •	42 42
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 10 30	2014

Schedule E)	I LAPLIND	ITONES		PAGE 86 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Rebecca A Shearer			M = M	blic Distribution/Dissemination
Mailing Address 6544 Arno College Grove Rd			Amount	28 2014
Cit.	Ctata	7:- Code		00.00
City College Grove	State TN	Zip Code 37046		80.00 n ID : 2d2b0546-6c0a-4cb3-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Dis	Sbursement or Obligation / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	2	214365.41	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Rebecca A Shearer			10	28 2014
Mailing Address 6544 Arno College Grove Rd			Amount	
City	State	Zip Code		24.90
College Grove	TN	37046		n ID: 89deaac2-8761-4ae3-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	214365.41	Disbursement For 2014 Other	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	·s		• [] .	104.90
(b) SUBTOTAL of Unitemized Independent Expendit	ures		. •	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 30	0 / 2014
Signature				

Schedule E)	. 61126	PAGE 87 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New repo	rt Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination
Mailing Address 1900 Glen West Way		10282014Amount
City State 2	Zip Code	95.00
Fort Smith AR	72916	Transaction ID : 6ef2b8ff-0b4c-45a6-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 28 7 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Dis 201	bursement For: Primary General 4 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Carol L Walters		10 28 2014
Mailing Address 1900 Glen West Way		Amount
City State	Zip Code	6.30
Fort Smith AR	72916	Transaction ID : 805dcb4f-481e-4d70-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 28 Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	214365.41 Dis 20	sbursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	101.30
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic		10 30 2014
Signature	_	

Schedule E)	THE EXILEND	TTOTILO		PAGE 88 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Mry S Everly			10 /	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 787 N 1851 Diagonal Rd			Amount	
City	State	Zip Code		25.00
Lecompton	KS	66050		D: 26c5a515-0aa8-439d-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 1 7	190677.60	Disbursement For: 2014 Other (specific	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Mry S Everly			10	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 787 N 1851 Diagonal Rd			Amount	20 2014
City	State	Zip Code		12.90
Lecompton	KS	66050		12.50 1: 3456077a-d2b3-4440-8 Irsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President >	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	190677.60	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			37.90
				7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures)	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30	2014
-				

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if Z 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
	Gloria L Moyer	10 28 2014
	Mailing Address 1505 Dills Creek Lane	Amount
	City State Zip Code	3.33
	Morehead NC 28557	Transaction ID : df318ace-2639-4075-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	
		Other (specify) -
	Full Name of Payee Gloria L Moyer	Date of Public Distribution/Dissemination
	Mailing Address 1505 Dills Creek Lane	10 28 2014 Amount
	City State Zip Code	1.20
	Morehead NC 28557	Transaction ID: dd8639d9-a814-4b73-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	4.53
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 30 2014
	Signature	
_		

PAGE 89

OF

Fort Smith AR 72901 Transaction ID: fe8db4bb-544b-469 Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Support Office Sought: House District:	
Women Speak Out PAC Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Sue G Walker Mailing Address 3 Girard City State Zip Code Fort Smith AR 72901 Purpose of Expenditure Salary Name of Federal Candidate Mark J Pager Support Office Sought: House District:	
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Sue G Walker Mailing Address 3 Girard City State Zip Code Fort Smith AR 72901 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Mr. Mork I. Paper	
Sue G Walker Mailing Address 3 Girard City State Zip Code Fort Smith AR 72901 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Mr. Mark I Prior	Y
Mailing Address 3 Girard City State Zip Code Fort Smith AR 72901 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Mr. Mark I Prior	
Fort Smith AR 72901 Transaction ID: fe8db4bb-544b-469 Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Support Office Sought: House District:	
Purpose of Expenditure Salary Category/ Type Oo1 Date of Disbursement or Obligation Purpose of Expenditure Salary Oo1 Name of Federal Candidate Support Office Sought: House District:	.00
Salary Category/ Type 001 10 28 2014 Name of Federal Candidate Support Office Sought: House District:	5-8
Mr. Mark I. Prior	
Mr. Mark L Pryor	00
• — — — —	AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: ☐ Primary ☐ Go 2014 ☐ Other (specify) ▶	eneral
Full Name of Payee Date of Public Distribution/Dissemina	tion
Sue G Walker 10 28 2014	Y
Mailing Address 3 Girard Amount	
City State Zip Code 38.	40
Fort Smith AR 72901 Transaction ID : a054f2a9-1eb4-42fb Date of Disbursement or Obligation	b
Purpose of Expenditure Mileage Category/ Type O02 Type O02 Type	
Name of Federal Candidate Support Office Sought: House District: _	00
Mr. Mark L Pryor Oppose President Senate State:	AR
Calendar Year-To-Date Per Election for Office Sought 214365.41 Disbursement For: ☐ Primary ☐ G 2014 Other (specify) ▶	eneral
	_
(a) SUBTOTAL of Itemized Independent Expenditures	•
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 30 2014 Signature	

Per Election for Office Sought Per Election for Office Sought Full Name of Payee Edward N Walker Mailing Address 3 Girard St City State Zip Code Ft Smith AR 72901 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Other (specify) Date of Public Distribution/Dissemination To 30 2014 Amount Tansaction ID : 15c6a0rd-0533b-47b7-b Transaction ID : 15c6a0rd-0533b-47b7-b Transaction ID : 15c6a0rd-0533b-47b7-b Transaction ID : 15c6a0rd-0533b-47b7-b To 328 / 2014 / 2014 Transaction ID : 15c6a0rd-0533b-47b7-b To 328 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 201		include Ly	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Edward N Walker City	۷۱	omen Speak Out PAC	C C00530766
Edward N Walker Mailing Address 3 Girard St City State Zip Code F1 Smith AR 72901 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Tansaction ID: 9456ea37-14a6-47d2-b Date of Disbursement or Obligation F28 2014 Amount Tansaction ID: 9456ea37-14a6-47d2-b Date of Disbursement or Obligation F28 2014 Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Tansaction ID: 15c6a0fd-953b-47b7-b Date of Public Distribution/Dissemination Tansaction ID: 15c6a0fd-953b-47b7-b Date of Disbursement or Obligation Tansaction ID: 15c6a0fd-953b-47b7-b Date of Public Distribution/Dissemination Tansaction ID: 15c6a0fd-953b-47b7-b Date of Public Distribution/Dis	Che	eck if Z 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Mailing Address 3 Girard St City State Zip Code FI Smith AR 72901 Name of Federal Candidate Mr. Mark L Pryor Category' Diffuse Sought Transaction ID: 9456ea37-1486-4762-b Date of Disbursement For: Date Primary Caneral Amount Category' Diffuse Sought Category' Diffuse Sought Transaction ID: 1565a0fd-053b-4767-b Date of Disbursement or Obligation Transaction ID: 1565a0fd-053b-4767-b Date of Public Distribution/Dissemination Transaction ID: 1566a0fd-053b-4767-b Date of Public Distribution/Dissemination Transaction ID: 15	П	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Purpose of Expenditure Salary Control Purpose of Expenditure Salary Committee or against the salary Committee or agent of the request or suggestion of any candidate Mr. Mark L Pryor State Zip Code President Salary Control Purpose of Expenditure Salary Committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Fi Smith AR 72901 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pyor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Malling Address 3 Girard St Name of Federal Candidate Name of Federal Candidate AR 72901 President Senate State AR Disbursement For: Primary General 2014 Other (specify) Full Name of Payee Edward N Walker Fismith AR 72901 Purpose of Expenditure Mileage Name of Federal Candidate Support Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Index penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Index penalty Filed Date 10 10 30 2014		Mailing Address 3 Girard St	Amount
Fi Smith AR 72901 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pyor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Malling Address 3 Girard St Name of Federal Candidate Name of Federal Candidate AR 72901 President Senate State AR Disbursement For: Primary General 2014 Other (specify) Full Name of Payee Edward N Walker Fismith AR 72901 Purpose of Expenditure Mileage Name of Federal Candidate Support Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Index penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Index penalty Filed Date 10 10 30 2014	ŀ	City State Zin Code	40.00
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calegory' Disbursement For: Primary General Education for Office Sought Full Name of Payee Edward N Walker City State Zip Code Ft Smith AR 72901 Purpose of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Name of Pederal Candidate Name of Federal Candidate Name of			Transaction ID : 9456ea37-14a6-47d2-b
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Edward N Walker City State Fismith AR 72901 Name of Expenditure Mileage Category/ Mileage Category/ Mileage Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Transaction ID: 15c5apts-053b-4767-b Date of Disbursement or Obligation Transaction ID: 15c5apts-053b-4767-b Date of President Transaction ID: 15c5apts-053b-4767-b Date of Disbursement or Obligation Transaction ID: 15c5apts-		Salany Odtegory/	M M / D D / Y Y Y Y
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought President	ı	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought Per Election for Office Sought Full Name of Payee Edward N Walker Mailing Address 3 Girard St City State Zip Code Ft Smith AR 72901 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Other (specify) Date of Public Distribution/Dissemination To 30 2014 Amount Tansaction ID : 15c6a0rd-0533b-47b7-b Transaction ID : 15c6a0rd-0533b-47b7-b Transaction ID : 15c6a0rd-0533b-47b7-b Transaction ID : 15c6a0rd-0533b-47b7-b To 328 / 2014 / 2014 Transaction ID : 15c6a0rd-0533b-47b7-b To 328 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 2014 / 201		Mr. Mark I. Danie	
Full Name of Payee Edward N Walker Mailing Address 3 Girard St City State Zip Code Ft Smith AR 72901 Purpose of Expenditure Mileage Category/ Mileage Category/ Mark L Pryor Category/ Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date 10 Date of Public Distribution/Dissemination Amount Tansaction ID: 15c6a0rd-053b-47b7-b Date of Disbursement For: 528 / 2014 Tansaction ID: 15c6a0rd-053b-47b7-b Date of Disbursement For: 00 Tansaction ID: 15c6a0rd-053	ı	Calcindar Toda To Bato	
Edward N Walker Mailing Address 3 Girard St City State Zip Code Ft Smith AR 72901 Purpose of Expenditure Mileage Category/ Date of Disbursement or Obligation Name of Federal Candidate Mr. Mark L Pryor Soppose President Senate State: AR Calendar Year-To-Date Per Election for Office Sought Senate State: AR Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures. (b) SUBTOTAL of Unitemized Independent Expenditures. Calendar Year-To-Date Per Election for Office Sought Senate State: AR Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Calendar Year-To-Date Per Election for Office Sought Sanate State: AR Cale		Per Election for Office Sought 214365.41 2014	
Mailing Address 3 Girard St City State Zip Code Ft Smith AR 72901 Purpose of Expenditure Mileage Category/ Name of Federal Candidate Mr. Mark L Pryor Sought State Zip Code Mr. Mark L Pryor Sought State Calendar Year-To-Date Per Election for Office Sought 214365.41 Category/ Date of Disbursement or Obligation Category/ Date of Disbursement For: □ Primary Scenate State: AR Calendar Year-To-Date Per Election for Office Sought 214365.41 Cother (specify) ▶ Category/ Date of Disbursement For: □ Primary Scenate State: AR Calendar Year-To-Date Per Election for Office Sought 214365.41 Category/ Date of Disbursement or Obligation Category/ Date of Disbursement For: □ Primary Scenate State: AR Calendar Year-To-Date Per Election for Office Sought 214365.41 Category/ Date of Disbursement For: □ Primary Scenate State: AR Calendar Year-To-Date Per Election for Office Sought 214365.41 Category/ Date of Disbursement For: □ Primary Scenate State: AR Category/ Date of Disbursement For: □ Primary Scenate State: AR Category/ Date of Disbursement For: □ Primary Scenate State: AR Category/ Date of Disbursement For: □ Double State: AR Category/ Date of Disbursement For: □ Double State: AR Category/ Date of Disbursement For: □ Double State: AR Category/ Date of Disbursement For: □ Double State: AR Category/ Date of Disbursement For: □ Double State: AR Category/ Date of Disbursement For: □ Double State: AR Category/ Date of Disbursement For: □ Double State: AR Category/ Date of Disbursement For: □ Double State: AR Category/ Date of Disbursement For: □ Double State: AR Ca			
Ft Smith AR 72901 Transaction ID: 15c6a0rd-053b-47b7-b Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Category/ Type Office Sought: House District: 00 President Senate State: AR Disbursement For: Primary Genera Calendar Year-To-Date Per Election for Office Sought Category/ Type Office Sought: House District: 00 Other (specify) Category/ Type Office Sought: House District: 00 Other (specify) Category/ Type Office Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other Sought: House District: 00 Other Sought: Hou		Mailing Address 3 Girard St	
Ft Smith AR 72901 Transaction ID: 15c6a0rd-053b-47b7-b Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Category/ Type Office Sought: House District: 00 President Senate State: AR Disbursement For: Primary Genera Calendar Year-To-Date Per Election for Office Sought Category/ Type Office Sought: House District: 00 Other (specify) Category/ Type Office Sought: House District: 00 Other (specify) Category/ Type Office Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other (specify) Category/ Type Other Sought: House District: 00 Other Sought: House District: 00 Other Sought: Hou		City State Zin Code	13.80
Purpose of Expenditure Mileage Category/ Type 002			Transaction ID : f5c6a0fd-053b-47b7-b
Mr. Mark L Pryor Calendar Year-To-Date President Senate State: AR		Mileage Category/ 002	M = M / D = D / Y = Y = Y
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 214365.41 Disbursement For: Primary Genera 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Offic	e Sought: House District: 00
Per Election for Office Sought 214365.41 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures			
(c) TOTAL Independent Expenditures		201/	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date		(a) SUBTOTAL of Itemized Independent Expenditures	53.80
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date MMM JOH JOH JOH JOH JOH JOH JOH	((b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M M M	((c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 30 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
		[E1 - 4 2 11 - E21 - 11	
Signature		Signature	

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Schedule E)	IN EXILID	ITOTILO		PAGE 92 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Julia Perry			M	10 28 / 2014
Mailing Address 2046 Perrin St Apt C			Amour	nt
City	State	Zip Code		60.00
Shreveport	LA	71101		action ID : adb603ef-42b7-4e15-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	10 28 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	:	217987.97	Disbursement 2014 Ot	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Joshua D Syrotchen			ТМ	10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 East Market Ave			Amou	nt
City	State	Zip Code		80.00
Searcy	AR	72149		ction ID : 3937d635-4e04-4837-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	10 28 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	214365.41	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expendit	ures			140.00
			· 🗀	7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 /	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3				

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repor	rt Amends repo	ort filed on	= M / D = D / Y = Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Joshua D Syrotchen				10 28 2014
Mailing Address 915 East Market Ave			Amou	nt
City	State 2	Zip Code	— I	62.10
Searcy		72149		action ID : 21ea3226-c71c-47b8-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	·	Support	Office Sough	t: House District:00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	21	4365.41	Disbursemen 2014	t For: Primary ⊠ General ther (specify) ▶
Full Name of Payee Kathy Anderson				of Public Distribution/Dissemination
				10 28 2014
Mailing Address 3041 SW Burlingame Rd			Amou	nt
City	State	Zip Code	— I.	77.50
Topeka	KS	66611		oction ID: c2d01de1-39fd-40e4-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 28 2014
Name of Federal Candidate		Support	Office Sough	it: House District: 00
Mr. Greg Orman		X Oppose	Presid	ent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	190677.60	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	S		•	139.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electronic	ally Filed] Date	M M /	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷V	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on	= M	/ D = D /	YIYIY
Т	Full Name of Payee	Date of	of Pub	olic Distribution	Dissemination
	Kathy Anderson	М	10 ^M	28	2014
	Mailing Address 3041 SW Burlingame Rd	Amou	nt		
ŀ	City State Zip Code	Г.	-		14.10
	Topeka KS 66611			ID: e8ffc2c0- bursement or 0	95b5-44d7-9
	Purpose of Expenditure Mileage Category/ Type 002		10	28	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Greg Orman Oppose	Preside		Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsemen		Primary specify) ▶	General
ŀ	Full Name of Payers				/D:
	Full Name of Payee Cameryn L Rasmussen	Date	10 Pub	olic Distribution	Dissemination 2014
	Mailing Address 4455 N Edaemoor Ct	Amou	-	20	2011
ŀ	City State Zip Code				37.50
	·			ID: 42f54347- bursement or (f5c1-4a00-b
	Purpose of Expenditure Salary Category/ Type 001	_	10 ^M	28	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	General
((a) SUBTOTAL of Itemized Independent Expenditures				51.60
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures	Ε.		7 - 7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	O /	30		4
	Signature				

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OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report	filed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Cameryn L Rasmussen	10 28 2014
Mailing Address 4455 N Edaemoor Ct	Amount
City State Zip Code	12.90
Bel Aire KS 67220	Transaction ID : 31d580a0-e750-4392-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 2014
Name of Federal Candidate Support C	Office Sought: House District:00
Mr. Greg Orman Oppose	President Senate State: KS
Odiolidai lodi lo bato	Disbursement For: Primary ☐ General Other (specify) ►
Full Name of Payee Vonniqua Jackson	Date of Public Distribution/Dissemination
Mailing Address 111 Westchester Blvd	10 28 2014 Amount
Apt D4	Amount
City State Zip Code	65.00
Slidell LA 70458	Transaction ID : f8ff2ef7-27c4-4ddf-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 28 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
	Disbursement For: ☐ Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	77.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedule E)	II EXI END	TTOTILO		PAGE 96 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Samantha Howell			M	f Public Distribution/Dissemination
Mailing Address 4849 N Glendale			Amour	10 28 2014 ut
City Bel Aire	State KS	Zip Code 67220	Transa	37.50 action ID : 6b597340-e26a-478c-9
Purpose of Expenditure Salary		Category/	Date o	f Disbursement or Obligation 10 28 2014
Name of Federal Candidate		Type Support	Office Sought	لينيا لنا ا
Mr. Greg Orman		X Oppose	Preside	nt Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	190677.60	Disbursement 2014 Ot	For: Primary
Full Name of Payee Samantha Howell				of Public Distribution/Dissemination
Mailing Address 4849 N Glendale			Amour	
City	State	Zip Code		12.90
Bel Aire Purpose of Expenditure	KS	67220	Date o	ction ID : 5fb6805c-2ac1-4602-a If Disbursement or Obligation
Mileage		Category/ Type 002		10 28 2014
Name of Federal Candidate Mr. Greg Orman		Support Oppose	Office Sought	
Calendar Year-To-Date Per Election for Office Sought	7 7	190677.60	Disbursement 2014 Of	For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditur	es			50.40
(b) SUBTOTAL of Unitemized Independent Expendi	itures			
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	30 / 2014

Schedule E)	- /(1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			PAGE 97 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee Marilyn Galliardt			M	Public Distribution/Dissemination
Mailing Address 410 Wedgewood Ct			Amount	10 28 2014 t
City	State	Zip Code		100.00
Hesston	KS	67062		ction ID : 621be4fc-ccb1-4e45-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	10 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	Presider	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	1	190677.60	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Marilyn Galliardt Mailing Address 410 Wedgewood Ct			M	f Public Distribution/Dissemination
Mailing Address 410 Wedgewood Ct			Amoun	t
City Hesston	State KS	Zip Code 67062	Transac	38.40 stion ID : a8f7a25d-1244-4a8b-8
Purpose of Expenditure Mileage		Category/ Type 002	M	f Disbursement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	Presider	nt Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		190677.60	Disbursement 2014 Oth	For: Primary X General her (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures.				138.40
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7 7 7
(c) TOTAL Independent Expenditures			· .	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 /	30 2014
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Ralph Smith	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd	Amount
City State Zip Code	40.00
Mt. Airy NC 27030	Transaction ID : a0d7f50b-942e-4ec7-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 28 / 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary General Other (specify) ▶
Full Name of Payee Ralph Smith	Date of Public Distribution/Dissemination
·	10 28 2014
Mailing Address 2090 Fancy Gap Rd	Amount
City State Zip Code	10.80
	ransaction ID : 84bcd309-a41f-4b92-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 7 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	50.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedule E)	I EXI END	ITOTILO		PAGE 99 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee Kathryn M Wolfe			M = M	
Mailing Address 204 W 9th St			Amount	28 2014
City	State	Zip Code		35.00
Pittsburg	KS	66762		on ID: eaf67cda-5edc-4bbd-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	1	190677.60	Disbursement For 2014 Other	r: Primary
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Kathryn M Wolfe			10	/ D D / Y Y Y Y Y Y 2014
Mailing Address 204 W 9th St			Amount	
City	State	Zip Code		24.90
Pittsburg	KS	66762		n ID : 3dce3b2c-dbb9-433b-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	190677.60	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	·S		.	59.90
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
				7 1 7 1 7 1
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 J	0 2014
Signature				

Schedule E)	I ENDENT EXI ENDI	TOTILO	PAGE 100 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour	ur report New repo	ort Amends repo	ort filed on
Full Name of Payee Benjamin J Crosser			Date of Public Distribution/Dissemination
Mailing Address PO Box 398			10 28 2014 Amount
City	State	Zip Code	40.00
Neosho	AR	64850	Transaction ID: e5b012d8-3e0c-449f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	2	14365.41	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Benjamin J Crosser			10 28 2014
Mailing Address PO Box 398			Amount
City	State	Zip Code	36.00
Neosho	AR	64850	Transaction ID : 5d8854f2-e33c-4223-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 28 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	214365.41	Disbursement For: Primary ☐ General Other (specify) ☐
(a) SUBTOTAL of Itemized Independe	nt Expenditures		▶ 76.00
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		
			7 7
(c) TOTAL Independent Expenditures			. •
	, any candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	9 10 30 2014
Signature			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 101 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Devan J McNeil			10 28 2014
Mailing Address 2521 Corolla Hills Dr			Amount
City	State	Zip Code	20.00
Lenoir	NC	28645	Transaction ID: 5e04040e-5147-421b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	070184.43	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Devan J McNeil			10 28 2014
Mailing Address 2521 Corolla Hills Dr			Amount
City	State	Zip Code	5.10
Lenoir	NC	28645	Transaction ID : ae7e9187-a4fa-46b0-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1070184.43	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		25.10
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	ENT EXICITE	TIONES	PAGE 102 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			10 28 2014
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	40.00
Raleigh	NC	27604	Transaction ID: 596e5e64-8c41-41b0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	070184.43	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			10 28 2014
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	7.20
Raleigh	NC	27604	Transaction ID : 2eb0b181-593f-43c5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 28 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1070184.43	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		47.20
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ididate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	С	C00530766
Che	ck if 24-hour report 48-hour report New report Amends report filed	on M M M	/ D = D / Y = Y = Y
П	Full Name of Payee	Date of Pub	olic Distribution/Dissemination
	Kaitlin E Taylor	10	28 2014
	Mailing Address 10322 Pottinger Rd	Amount	
ŀ	City State Zip Code		45.00
	Cincinnati OH 45251		n ID: be60be9c-483b-4a50-9 bursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 ^M	28 / 2014
ı	Name of Federal Candidate Support Office	Sought:	House District:00
	Mr. Mark I. Prvor	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014 2014	rsement For:	Primary
	Full Name of Payee Theresa a Youngblood Mailing Address 102 S Main Street Apt A2	Date of Pul	blic Distribution/Dissemination
		Amount	
1	City State Zip Code		100.00
	., .		ID: aced7dab-8199-4e24-a sbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	28 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Greg Orman Oppose	President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Other (: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		145.00
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures		7
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not ma vith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date		2014
	Signature		

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OF

Schedule E)	INT EXI END	ITOTILO	<u> </u>	PAGE 104 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Lilly Green			10	28 / 2014
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71119		: 26e310e7-4f0e-4e0e-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	2	217987.97	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lilly Green			10 /	28 2014
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		39.00
Shreveport	LA	71119		: a53d8ce7-6f86-4a15-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		217987.97	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expend	tures			119.00
#X-2				
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
(c) TOTAL Independent Expenditures)	7 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 30	2014
- 3				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 105 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			10 28 / 2014
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	100.00
Lenoir	NC	28645	Transaction ID : 24977bca-eea6-43de-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	070184.43	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Courtney Goldstein			10 28 2014
Mailing Address 1809 N Woodlawn			Amount
City	State	Zip Code	40.00
Metairie	LA	70001	Transaction ID : 27c39de9-e76e-44ba-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	217987.97	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendent	litures		. ▶ 140.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30 / 2014
- 3			

Scl	hedule E)	271 21131			PAGE 106 OF 165 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee			Da	ate of Public Distribution/Dissemination
	Courtney Goldstein				10 28 2014
	Mailing Address 1809 N Woodlawn			An	nount
ı	City	State	Zip Code		4.50
	Metairie	LA	70001		ansaction ID: f63a0bbb-1f9a-44a9-9 ate of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 28 2014
ı	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Mary L Landrieu		X Oppose	Pre	esident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	17987.97	Disburser 2014	ment For:
	Full Name of Payee			Da	ate of Public Distribution/Dissemination
١	Ms. Tonya Boyd				10 28 2014
	Mailing Address 2357 Fancy Cap Rd			Ar	mount
ŀ	City	State	Zip Code	$ \Gamma$	40.00
	Mt. Airy	NC	27030		insaction ID: e8aa19e2-3c8a-4466-8 ate of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 28 7 2014
ŀ	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Kay Hagan		X Oppose	Pre	esident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		1070184.43	Disburser 2014	ment For:
(:	a) SUBTOTAL of Itemized Independent Expenditures.			. [44.50
•				_	
(b) SUBTOTAL of Unitemized Independent Expenditur	es		· •	
(c) TOTAL Independent Expenditures			•	
W	Inder penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ac	or authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	M M M	30 2014
	Signature	Lacenone	cany Fueaj Date	10	2014

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 107 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			10 28 2014
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	10.80
Mt. Airy	NC	27030	Transaction ID: 00a6f08c-45a9-497b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 28 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	070184.43	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Joshua E Sherman			10 28 2014
Mailing Address 119 Goldenwood Dr			Amount
City	State	Zip Code	50,00
Slidell	LA	70461	Transaction ID : ec9bea73-4016-4894-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		217987.97	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 60.80
//s) CURTOTAL of Heitersized Index and anti-	on alikuwa a		111111111
(b) SUBTOTAL of Unitemized Independent Exp	enaitures		•
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30 7 2014

Schedu	ile E)	1 E/N E.15.			PAGE 108 OF 165 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	- M / D - D / Y - Y - Y - Y
Full N	Name of Payee Shua E Sherman				of Public Distribution/Dissemination
Mailir	ng Address 119 Goldenwood Dr			Amou	10 28 2014 nt
City		State	Zip Code		2.40
Slide	ell	LA	70461		action ID : cb5ff0ce-76e7-4f40-8 of Disbursement or Obligation
Purpo Milea	ose of Expenditure age		Category/ Type 002		10 28 7 2014
Name	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. I	Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	217987.97	Disbursement 2014 Or	t For:
	Name of Payee cob Bernas				of Public Distribution/Dissemination
Maili	ng Address 458 S Glendale			Amou	10 28 2014
City		State	Zip Code		35.00
Wich		KS	67218	Transa Date	oction ID : 559281b7-7973-4b1e-8 of Disbursement or Obligation
Purp Sala	ose of Expenditure ary		Category/ Type 001		10 28 / 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. 0	Greg Orman		X Oppose	Preside	ent Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	190677.60	Disbursemen 2014 O	ther (specify) ►
(a) Sl	JBTOTAL of Itemized Independent Expenditure	}S		· [37.40
(b) Sl	JBTOTAL of Unitemized Independent Expendit	ures			
(c) TO	OTAL Independent Expenditures			· •	7 1 7 1 7
with, o	penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	ite or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	30 / 2014
Sig	nature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Jacob Bernas	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 458 S Glendale Am	nount
City State Zip Code	9.00
Wichita KS 67218 Tra	Insaction ID: 029ff146-e445-432d-a te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Greg Orman Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
	Other (specify)
Full Name of Payee Karen R Myers	te of Public Distribution/Dissemination
Mailing Address 14566 NW 110th St	10 28 2014 nount
City State Zip Code	55.00
Whitewater KS 67154 Tran	nsaction ID: 7473f265-f12c-44ae-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr. Greg Orman Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	64.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 7 1 7 1
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Karen R Myers	10 28 2014
	Mailing Address 14566 NW 110th St	Amount
	City State Zip Code	20.10
	Whitewater KS 67154	Transaction ID : 6cd48bd9-d45d-4299-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type O02	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District:00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
	Full Name of Payee	Date of Public Distribution/Dissemination
	Heather Ainsworth	10 28 2014
	Mailing Address 9685 Paula St	Amount
	City State Zip Code	100.00
	Keithville LA 71047	Transaction ID : 6ad4537b-c12a-4bf0-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbrace 217987.97	ursement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	120.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	0 30 2014
	Signature	

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Heather Ainsworth	10 28 2014
	Mailing Address 9685 Paula St	Amount
	City State Zip Code	44.70
	Keithville LA 71047	Transaction ID : 9a1c4e01-fd42-4c7f-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 217987.97 Disbut 217987.97	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Sheri J Peace	Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St	10 28 2014 Amount
	City State Zip Code	100.00
	Keithville LA 71047	Transaction ID : d60d0463-4318-445e-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbrace 217987.97	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	144.70
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 30 2014
	Signature	

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Schedule E)	LAFLINDI	TUNES		PAGE 112 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Jordyn Kilbury			M = M	blic Distribution/Dissemination
Mailing Address 5416 S Santa Fe Street			10 Amount	28 2014
011	01.1	7: 0 1		20.00
City Wichita	State KS	Zip Code 67216	Transactio	90.00 on ID : bef42e54-693f-4321-b
Purpose of Expenditure		I		sbursement or Obligation
Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose	President	X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	1	90677.60	Disbursement For 2014 Other	: Primary
Full Name of Payee				ablic Distribution/Dissemination
Jordyn Kilbury			M M 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5416 S Santa Fe Street			Amount	النتيا لقا ا
City	State	Zip Code		12.90
Wichita	KS	67216		n ID: 45375993-6ee5-4982-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 ^M	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	190677.60	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				102.90
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITURES	·			102.50
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· >	7
(c) TOTAL Independent Expenditures			•	4 1 4 1 1 4
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 30	0 2014
Signature				

Schedule E)	LIVI EXI EIVE	TOTILO		PAGE 113 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			[C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Jessica R Resendiz			M	
Mailing Address 9685 Paula St			Amount	0 28 2014
City	State	Zip Code		100.00
Keithville	LA	71047		ction ID: 78b71a23-01ab-4cd8-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1	0 28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	217987.97	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Jessica R Resendiz				0 28 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		53.40
Keithville	LA	71047		tion ID : 29c29ff1-3dda-4617-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		0 28 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7	217987.97	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expen	ditures			153.40
(b) SUBTOTAL of Unitemized Independent Exp	enditures		. —	7 1 7 1 7 1
				4 4
(c) TOTAL Independent Expenditures			•	4 4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		30 / 2014
S.g.iataro				

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da	ate of Public Distribution/Dissemination
Charity A Carr	10 28 2014
Mailing Address 13827 S E 44th St	nount
City State Zip Code	60.00
Choctaw OK 73020 Tra	ansaction ID: 34287c0c-3ab7-4ef1-a tte of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr. Mark I. Pryor	sident State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursen 214365.41 Disbursen	
Full Name of Payee Da	Other (specify) ▶ate of Public Distribution/Dissemination
Charity A Carr	10 28 2014
Mailing Address 13827 S E 44th St	nount
City State Zip Code	45.00
Choctaw OK 73020 Trai	nsaction ID: 36a72822-2d4e-4c2c-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 / 2014
Name of Federal Candidate Support Office So	ught: House District: 00
Mr. Mark L Pryor	esident State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	30 2014
Signature	

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ochedule L)			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In	,		FEC IDENTIFICATION NUMBER ▼
Women Speak Out	PAC		C C00530766
Check if 24-hour report	48-hour report New	report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Mary Catherine			10 28 2014
Mailing Address 1222 SI	≣ 44 St		Amount
City	State	Zip Code	90.00
Topeka	KS	66609	Transaction ID : 440ac8b9-cd88-4933-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 2014
Name of Federal Candid	ate	Support Offi	ce Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Da Per Election for Offi		190677.60 Dis 201	bursement For: Primary X General 4 Other (specify) ▶
Full Name of Payee		,	Date of Public Distribution/Dissemination
Mary Catherine To	oburen		10 28 2014
Mailing Address ₁₂₂₂	SE 44 St		Amount
City	State	Zip Code	6.63
Topeka	KS	66609	Transaction ID: 1932b321-5c43-41fd-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candid	ate	Support Off	ice Sought: House District:00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Da Per Election for Offi		190677.60 Dis	bursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemize	d Independent Expenditures		96.63
(b) SUBTOTAL of Uniter	ized Independent Expenditures	·····	
(c) TOTAL Independent E	xpenditures	>	
with, or at the request or			made in cooperation, consultation, or concert ner, or (if the reporting entity is not a political
Ms. Emily Buc		tronically Filed] Date	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

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OF

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Timothy Foley	10 28 2014
	Mailing Address 20679 Glenbrook Terrace	Amount
	City State Zip Code	20.00
	Sterling VA 20165	Transaction ID : 414ae2ef-0ff1-48ff-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	40077 00	ursement For: Primary X General
	Per Election for Office Sought	Other (specify) ▶
	Full Name of Payee Michael Vidrine	Date of Public Distribution/Dissemination
	Mailing Address 1103 West Wilson Street	10 28 2014 Amount
	City State Zip Code	45.00
	Ville Platte LA 70586	Transaction ID : ff371e4a-e100-43fa-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	65.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	
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Schedule E)	ENT EXICIO	ITOTILO		PAGE 117 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Michael Vidrine			M = M /	Distribution/Dissemination
Mailing Address 1103 West Wilson Street			Amount	28 2014
City	State	Zip Code		23.70
Ville Platte	LA	70586		D: a5075c57-1124-4abf-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		217987.97	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Katie A Barros			10	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 398			Amount	
City	State	Zip Code		60.00
Neosho	МО	64850		: e9f332f6-f607-459b-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	214365.41	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures			83.70
(b) SUBTOTAL of Unitemized Independent Exp	enditures			
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) TOTAL Independent Expenditures			•	47- 47-
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 30	2014
z.g				

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Katie A Barros	10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 398	mount
City State Zip Code	45.00
Neosho MO 64850 Ti	ransaction ID: 22e36b71-ee71-49fc-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Mr. Mark L Pryor Oppose Pro	resident State: AR
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary ⊠ General Other (specify) ▶
Shantal C Culbreath	Date of Public Distribution/Dissemination 10 28 2014
Mailing Address 4691 Hercules Lane	Amount
City State Zip Code	90.00
	ansaction ID : fa15cdad-6f36-48d5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type O01	10 28 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Mary L Landrieu Oppose Pr	resident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 217987.97 Disburse	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	135.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	30 2014
Signature	

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OF

	coulc Ly			FOR SE OF	FORM 24/48
	OF COMMITTEE (In Full)		FEC I	DENTIFICATIO	N NUMBER ▼
VVO	men Speak Out PAC		С	C00530766	
Check	k if X 24-hour report 48-hour report New report Amends rep	ort filed	on M M M	/ D D /	Y = Y = Y = Y
Fi	ull Name of Payee		Date of Publ	ic Distribution/I	Dissemination
	Sasha L McClure		10 M	28	2014
M	failing Address 2914 Anderson Rd		Amount		
С	Sity State Zip Code				23.00
	Burlington NC 27217			ID: 3af7f97d-	
	urpose of Expenditure Salary Category/ Type 001		10	28	2014
N	lame of Federal Candidate Support	Office	Sought:	House [District: 00
N	Ms. Kay Hagan Oppose		_	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought 1070184.43	Disbu 2014	rsement For: Other (s	Primary	X General
	Eugenio R McClure			lic Distribution/	Dissemination Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
IN	Mailing Address 2914 Anderson Rd		Amount		
С	City State Zip Code				23.00
_ E	Burlington NC 27217		Transaction I Date of Disb	D: 0000412e-	f5e2-4e88-a Obligation
	Purpose of Expenditure Salary Category/ Type 001		10	28	2014
N	lame of Federal Candidate Support	Office	Sought:	House	District: 00
N	Ms. Kay Hagan Oppose		President	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought 1070184.43	Disbu 2014		Primary	X General
(a)	SUBTOTAL of Itemized Independent Expenditures	▶	-	7	46.00
(b)	SUBTOTAL of Unitemized Independent Expenditures	···· •		7	
(c)	TOTAL Independent Expenditures	···· •		1 7	
witl	der penalty of perjury I certify that the independent expenditures reported herein were h, or at the request or suggestion of, any candidate or authorized committee or agent rty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Dat	te 10		201	
	Signature				

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y I Y I Y I Y
T	Full Name of Payee	Date o	of Pub	lic Distribution/	Dissemination
	Eugenio R McClure		10 ^M	28	2014
١	Mailing Address 2914 Anderson Rd	Amour	nt		
ŀ	City State Zip Code				7.50
١	Burlington NC 27217			ID: aca7e168 oursement or (3-4e64-4c92-b
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	28	2014
ı	Name of Federal Candidate Support Office	Sought	t:	House	District:00
	Ms Kay Hagan	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement		Primary specify) ▶	X General
Ì	Full Name of Payee Joseph R English			olic Distribution	/Dissemination
ŀ	Mailing Address 915 East Market Ave Apt 4	L	10	28	2014
1		Amou	nτ		
ľ	City State Zip Code	1.			80.00
				ID : 5b1f618d - bursement or (
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	28	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014 2014	rsemen		Primary specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures		-7	7	87.50
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	Ľ.		7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, earty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	M /	30		4
	Signature		_		

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OF

Schedule E)		101120	<u> </u>	PAGE 121 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	t filed on	D = D / Y = Y = Y
Full Name of Payee Joseph R English			M = M /	Distribution/Dissemination
Mailing Address 915 East Market Ave Apt 4			Amount	28 2014
City	State	Zip Code		34.50
	AR	72143		: ed7e539a-81b4-48f7-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	2	14365.41	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee ERIC TABARY			Date of Public	Distribution/Dissemination 28 2014
Mailing Address 6101 NORA ST			Amount	28 2014
City	State	Zip Code		70.00
METAIRIE	LA	70003		: 2c4bd7bc-a0d4-42de-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		217987.97	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures			•	104.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es		• • • • • • • • • • • • • • • • • • •	
(c) TOTAL Independent Expenditures			·	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	10 / 30	2014

Schedule E)	IVI EXI END	1101120		PAGE 122 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Christine Stevens			[10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amo	unt
City	State	Zip Code		80.00
Winchester	VA	22602		saction ID: 109d4ec7-c038-4939-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 28 7 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Greg Orman		Oppose	Presid	dent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	- T - T	190677.60	Disburseme	ent For:
Full Name of Payee			Date	e of Public Distribution/Dissemination
OLynda Walker				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10000 Mount Pleasant Rd			Amo	punt
City	State	Zip Code	$ \Gamma$	50.00
Midland	NC	28107	Trans Date	saction ID : f736ebe4-81dd-48bc-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 28 2014
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms. Kay Hagan		X Oppose	Presi	dent State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1070184.43	Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			130.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		·· •	7 7 7
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candiparty committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan	[Flectron	nically Filed] Nate	a 10	30 2014
Signature	LZICUOI	ncany Fueaj Date	, 10	30 2014

Schedule E)	ON INDEFERDEN	II EXFEND	TOTILS		PAGE 123 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak C	Out PAC				C C00530766
Check if X 24-hour rep	port 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee OLynda Walke	er				of Public Distribution/Dissemination
Mailing Address 100	00 Mount Pleasant Rd			Amor	10 28 2014 unt
O:h		Otata	7:n Onda		45.00
City Midland		State NC	Zip Code 28107		15.90 saction ID: a5989145-46c1-4d20-a of Disbursement or Obligation
Purpose of Expenditu Mileage	ure		Category/ Type 002		10 28 2014
Name of Federal Car	ndidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan			X Oppose	Presid	NO.
Calendar Year-To Per Election for		10	70184.43	Disburseme 2014	nt For:
Full Name of Payee				Date	of Public Distribution/Dissemination
Hannah J Land	Iry				M M / D D / Y Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address ₁	110 N Coolidge			Amo	unt
City		State	Zip Code	<u> —</u> Г	102.50
Gonzales		LA	70737		action ID: 77c9ad14-1c76-4859-a of Disbursement or Obligation
Purpose of Expendite Salary	ure		Category/ Type 001		10 / 28 / 2014
Name of Federal Ca	ndidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu			X Oppose	Presid	
Calendar Year-T Per Election for		, ,	217987.97	Disburseme	ont For:
(a) SUBTOTAL of Ite	mized Independent Expenditure	es		•	118.40
(b) SUBTOTAL of Un	itemized Independent Expendi	tures			7
					7 7
(c) TOTAL Independe	nt Expenditures			•	7
with, or at the request		ate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	ically Filed] Date	10	30 / 2014
O.g.iataio					

	neddie E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M	- M	/ D = D /	Y Y Y Y Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution	[/] Dissemination
	Hannah J Landry	М	10 ^M	28	2014
	Mailing Address 1110 N Coolidge	Amou	nt		
ŀ	City State Zip Code				18.66
	Gonzales LA 70737			n ID: 0c8077b2 bursement or 0	2-d8a2-48b0-8
	Purpose of Expenditure Mileage Category/ Type 002		10 M	28	2014
ľ	Name of Federal Candidate Support Office	e Sough	t:	House	District:00
	Ms. Mary L Landrieu Oppose	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	General
ŀ	Full Name of Payee Mary C Lee	Date of	of Pub	olic Distribution	/Dissemination
	Malling Address	N	10	28	2014
	Mailing Address 1030 N Coolidge Ave	Amou	nt		
ŀ	City State Zip Code				102.50
				ID: 48c655a0 bursement or 0	
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	28	2014
ŀ	Name of Federal Candidate Support Office	e Sough	t:	House	District:00
		Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 217987.97			Primary	/ X General
((a) SUBTOTAL of Itemized Independent Expenditures			7	121.16
((b) SUBTOTAL of Unitemized Independent Expenditures				1 1 20 1
((c) TOTAL Independent Expenditures			4	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	0 /	30		Y Y 14
	Signature		— <u> </u>		
-		4	,	*	*

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		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Mary C Lee	10 28 2014
	Mailing Address 1030 N Coolidge Ave	Amount
ı	City State Zip Code	18.66
١	Gonzales LA 70737	Transaction ID: 7dd2bf27-7aa2-450f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 28 2014
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms Mary I Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 217987.97 Disbut 2014	sement For: Primary
ĺ	Full Name of Payee Jazmine d Conner	Date of Public Distribution/Dissemination
	Mailing Address 100 ASBURY CT	Amount
ı	City State Zip Code	75.00
١	WINCHESTER VA 22602	Transaction ID: 1aa66881-211d-4b7e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures	93.66
	(b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	1 7 1 7 1 7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

_		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jon E Conner	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 100 Asbury Ct	Amount
	City State Zip Code	80.00
	Winchester VA 22602	Transaction ID: d341b8e2-1b77-415a-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M 10
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
	Full Name of Payee Talia J DeGisi	Date of Public Distribution/Dissemination
	Mailing Address 9513 Beverly Dr	10 28 2014 Amount
	City State Zip Code	10.00
	Overland Park KS 66207	Transaction ID : 356dad46-4bfc-4e06-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: ☐ Primary ☐ General ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	90.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	24.0	0 30 2014
	Signature	

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OF

Schedule E)	LIVI EXI END	HONES		PAGE 127 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Talia J DeGisi			M = M	c Distribution/Dissemination
Mailing Address 9513 Beverly Dr			10 Amount	28 2014
Cit.	Chaha	7: Cada		5.40
City Overland Park	State KS	Zip Code 66207		5.40 ID: 25a4f933-7ccf-49da-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose		X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	.,,	190677.60	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ►
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Rodney O Culbreath			10	28 / 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		80.00
Winchester	VA	22602		D: 74e0245f-b55e-4514-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 ^M	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		190677.60	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			85.40
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
(-,				4
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 30	2014
5.g. a.a.				

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New	report Amends report filed or	n M M / D D / Y Y Y Y Y
Full Name of Payee	1	Date of Public Distribution/Dissemination
Rodney D Culbreth		10 28 2014
Mailing Address 100 Asbury CT		Amount
3200 Dam Neck Rd		
City State Winchester VA	Zip Code 22602 1	80.00 Fransaction ID: 1915d291-c724-4a0e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 28 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Greg Orman	Oppose P	resident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	190677.60 Disburse 2014	ement For: Primary X General Other (specify) ▶
Full Name of Payee Rze Culbreath Mailing Address 100 Ashury Ct	1	Date of Public Distribution/Dissemination 10 28 2014
Mailing Address 100 Asbury Ct		Amount
City State	Zip Code	80.00
Winchester VA		ransaction ID: 9460bd8b-5ed6-4e9a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 28 / Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Greg Orman	X Oppose P	President State: KS
Calendar Year-To-Date Per Election for Office Sought	190677.60 Disburs 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	1 4 1 4 1 4 1
(c) TOTAL Independent Expenditures	· [1 7 1 7 1 7 1
Under penalty of perjury I certify that the independent expendituwith, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Elect	tronically Filed] Date 10	30 2014
oignature		

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OF

Schedule E)	IN EXIEND	HONES		PAGE 129 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Brieshauna M Stevens			Date of Public	Distribution/Dissemination
Mailing Address 1703 Torrey Pines Ct			10	28 2014
			Amount	
City	State	Zip Code		70.00
Reston	VA	20190		9 : b55c6210-e4e4-4fb7-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		190677.60	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Francesca Blom			10	28 / 2014
Mailing Address 101 Asbury Ct			Amount	
City	State	Zip Code		77.50
Winchester	VA	22602		: 6bf30e8f-125c-4426-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	190677.60	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			147.50
			7	7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>	7
(c) TOTAL Independent Expenditures)	77. 1 77.
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30	2014
Signaturo				

Schedule E)	INT EXTEND	HONES	PAGE 130 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee Anthony Buchanan			Date of Public Distribution/Dissemination
Mailing Address 1090 McHone Rd			10 28 2014 Amount
City	State	Zip Code	55.00
Spruce Pine	NC	28777	Transaction ID : 58c48ad5-8c4e-47c7-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	070184.43	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			10 28 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	110.00
High Point	NC	27260	Transaction ID : fe7acb7a-915f-4743-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1070184.43	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		▶ 165.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
			4 4
(c) TOTAL Independent Expenditures			
	didate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 10 30 7 2014
2.g			

Schedule E)	INI EXI END	TIONES	PAGE 131 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			10 28 2014
			Amount
City	State	Zip Code	25.80
High Point	NC	27260	Transaction ID: 264d1945-5149-4ed6-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 28 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	070184.43	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Phillip Williams			10 28 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	80.00
Greensboro	NC	27407	Transaction ID : df1c62ef-2e02-4ef9-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1070184.43	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expending	tures		. ▶ 105.80
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			>
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30 / 2014
Signaturo			

Schedule E)	VI EXI END	ITOTILO		PAGE 132 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee Phillip Williams			M = M	ic Distribution/Dissemination
Mailing Address 3007 Darden Rd			Amount	28 2014
City	State	Zip Code		20.10
Greensboro	NC	27407		ID: 6b5e81cd-2031-45cf-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	070184.43	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Beverly Williams	_		Date of Publ	lic Distribution/Dissemination
Mailing Address 3007 Darden Rd			10	28 2014
			Amount	
City	State	Zip Code		80.00
Greensboro Purpose of Expenditure	NC	27407		D: 97d6056c-0094-4c74-8 oursement or Obligation
Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1070184.43	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			100.10
(b) SUBTOTAL of Unitemized Independent Expend	litures			
,,				7 4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 30	2014
Signature				

Scl	hedule E)	31101120		E 133 OF 165 SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FICATION NUMBER ▼
W	omen Speak Out PAC		C C0053	
Che	eck if 24-hour report 48-hour report New re	eport Amends report	t filed on	D / Y = Y = Y
T	Full Name of Payee Danielle McCoy		M M / D	
ŀ	Mailing Address 1025 Cayley Ct		Amount 20	8 2014
1	City State	Zip Code		107.50
	High Point NC	27260	Transaction ID : dd	96fbea-bf59-4cec-9
	Purpose of Expenditure Salary	Category/ Type 001	M M / D	
I	Name of Federal Candidate	Support	Office Sought: Hou	use District: 00
	Ms. Kay Hagan	Oppose	President Ser	
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: F 2014 Other (specify)	Primary X General
	Full Name of Payee Danielle McCoy		M M / D	ibution/Dissemination 8
	Mailing Address 1025 Cayley Ct		Amount	
ľ	City State	Zip Code		24.60
	High Point NC	27260	Transaction ID : 45d Date of Disburseme	
	Purpose of Expenditure Mileage	Category/ Type 002		8 2014
	Name of Federal Candidate	Support	Office Sought: Hou	use District: 00
	Ms. Kay Hagan	X Oppose	President X Ser	nate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1070184.43	Disbursement For: For: Other (specify)	Primary General
((a) SUBTOTAL of Itemized Independent Expenditures		·	132.10
((b) SUBTOTAL of Unitemized Independent Expenditures		>	7-1-1-2-1
((c) TOTAL Independent Expenditures		•	7
W	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
		onically Filed] Date	10 30	2014
	Signature			

Schedule E)	INDEFENDENT EXTEND	ITOTIES	PAGE 134 OF 165 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	Women Speak Out PAC C C00530766					
Check if 24-hour report	48-hour report New rep	ort Amends repo	rt filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Eleanor McCoy	_		10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 4902 Catawba	Dr		Amount			
City	State	Zip Code	110.00			
Greensboro	NC	27407	Transaction ID: 3c2fb8ee-5640-433f-9 Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10 28 / Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District:00			
Ms. Kay Hagan		X Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sou	ght 10	070184.43	Disbursement For:			
Full Name of Payee			Date of Public Distribution/Dissemination			
Eleanor McCoy			10 28 2014			
Mailing Address 4902 Catawl	oa Dr		Amount			
City	State	Zip Code	25.50			
Greensboro	NC	27407	Transaction ID : 2d761eae-b0eb-413f-a Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10 / 28 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		X Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sou	ight	1070184.43	Disbursement For:			
(a) SUBTOTAL of Itemized Inde	pendent Expenditures		135.50			
.,						
(b) SUBTOTAL of Unitemized In	dependent Expenditures		•			
(c) TOTAL Independent Expendent	itures		·			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
-						

Schedule E)	INT EXTEND	TIONES		GE 135 OF 165 R SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC C C00530766					
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on	D / Y = Y = Y	
Full Name of Payee			Date of Public Dis	tribution/Dissemination	
Aaron L Watson			10	28 / 2014	
Mailing Address 30217 Crook Rd			Amount		
City	State	Zip Code		25.00	
Cleveland	MO	64734	Transaction ID: 7 Date of Disbursen	36b7c42-be6f-4bf1-8 nent or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 / D	28 / 2014	
Name of Federal Candidate		Support	Office Sought:	ouse District: 00	
Mr. Greg Orman		X Oppose	President X S	enate State: KS	
Calendar Year-To-Date Per Election for Office Sought	-, -,	190677.60	Disbursement For: 2014 Other (specify	Primary	
Full Name of Payee			Date of Public Dis	stribution/Dissemination	
Aaron L Watson			M M / D	28 2014	
Mailing Address 30217 Crook Rd			Amount		
City	State	Zip Code		27.00	
Cleveland	МО	64734	Transaction ID : 0f Date of Disbursen	a09371-90b0-4dbc-a nent or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10 /	28 / 2014	
Name of Federal Candidate		Support	Office Sought:	louse District:00	
Mr. Greg Orman		X Oppose	President X S	enate State: KS	
Calendar Year-To-Date Per Election for Office Sought		190677.60	Disbursement For: 2014 Other (specify	Primary X General	
(a) SUBTOTAL of Itemized Independent Expend	itures			52.00	
,			4	7	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>	7	
(c) TOTAL Independent Expenditures			•	7 1 2	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30	2014	
-					

FeC IDENTIFICATION NUMBER V C C 00539766		medule Ly	FOR SE OF FORM 24/48				
Check if X 24-hour report							
Full Name of Payee Evelyn Lesaicherre Mailing Address 629 Radiance Ave Salary Name of Federal Candidate Mailing Address 629 Radiance Ave City Name of Federal Candidate Mailing Address 629 Radiance Ave Category/ Mary Landrieu Category/ Category/ Category/ Category/ Mary Agar-To-Date Per Election for Office Sought Category/ Metairie LA 70001 Full Name of Payee Evelyn Lesaicherre City Salar Category/ Category/ Mary Landrieu Category/ Materiae Category/ Materiae Category/ Materiae Category/ Materiae Category/ Materiae Category/ Category/ Materiae Category/ Category/ Materiae Category/ Materiae	۷۱	иотеп эреак Ой РАС	C C00530766				
Evelyn Lesaicherre Mailing Address 629 Radiance Ave City State Zip Code LA 70001 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Ms. Mary L Landrieu Category/ Vipe Oppose Evel Yiman State State Category/ Dod Transaction ID: 45ce93db-40f0-4d5b-8 Date of Debusement or Obligation President Senate State: LA Calendar Year-To-Date Per Election for Office Sought Transaction ID: 45ce93db-40f0-4d5b-8 Date of Public Distriction Oppose Transaction ID: 45ce93db-40f0-4d5b-8 Date of Public Distriction Oppose Transaction ID: 38e8d918-base-4ed0-b Date of Public Distriction Transaction ID: 38e8d918-base-4ed0-b Date of Disbusement or Obligation Transaction ID: 38e8d918-base-4ed0-b Date of Disbusement or Obligation Transaction ID: 38e8d918-base-4ed0-b Date of Public Distriction Transaction ID: 45ce93db-40f0-4d5b-8 Date of Public Distriction Transaction ID: 45ce93db-40f0-4d5b-4d6b-4d6b-4d6b-4d6b-4d6b-4d6b-4d6b-4d6	Ch	eck if 24-hour report 48-hour report New report Amends report filed					
Mailing Address 629 Radiance Ave City State Zip Code Transaction ID: 45ce33db-40ft-4d5b-8 Date of Disbursement or Obligation Name of Federal Candidate Support Office Sought: House District: 00. M. Mary L Landrieu Site Zip Code President Season Disbursement For: Primary General Calendar Year-To-Date Purpose of Expenditure Calendar Year-To-Date Purpose of Expenditure Mailing Address 629 Radiance Ave City State Zip Code Purpose of Expenditure Mailing Address 629 Radiance Ave City State Zip Code Transaction ID: 45ce33db-40ft-4d5b-8 Date of Disbursement For: Primary General Candidate Amount City State Zip Code Transaction ID: 38e8d918-ba9c-4ed0-b Date of Disbursement or Obligation Transaction ID: 38e8d918-ba9c-4ed0-b Date of Disbursement For:	٦		Date of Public Distribution/Dissemination				
City State Zip Code Metairie LA 70001 Purpose of Expenditure Salary Category/ Typo 001 10 28 2014 Name of Federal Candidate Support Office Sought House District: 00 Ms. Mary L Landrieu Category Disbursement or Obligation Ms. Mary L Landrieu Category Disbursement For: Primary General Per Election for Office Sought Disbursement For: Primary General Per Election for Office Sought Disbursement For: Primary General Per Election for Office Sought Disbursement For: Primary General Per Election for Office Sought Disbursement For: Primary General Per Election for Office Sought Disbursement For: Primary General Per Election for Office Sought Disbursement For: Primary General Per Election for Office Sought Disbursement for Colligation Disbursement for Colligatio		·					
Metairie LA 70001 Transaction ID : 45ce93db-40f0-4d5b-8 Date of Disbursement or Obligation		Mailing Address 629 Radiance Ave	Amount				
Metairie Category/ Tiype Col		City State Zip Code	80.00				
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year To-Date Purpose of Expenditure Meliarie La 70001 Purpose of Expenditure Mileage Category/ Nype Date of Public Distribution/Dissemination To ther (specify) Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement For: Primary General Amount City State Zip Code Metiarie LA 70001 Purpose of Expenditure Mileage Category/ Name of Federal Candidate Mileage Category/ Name of Federal Candidate Name of Federal Candidate Support Office Sought: House Distribution/Dissemination To 28 2014 Amount Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement or Obligation Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement or Obligation Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement or Obligation Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement or Obligation Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement or Obligation Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement or Obligation Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement or Obligation Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement or Obligation Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement or Obligation Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement For: Date of Public Distribution/Dissemination To Disbursement For: Date of Public Distribution For: Date of Public Distribution For: Date of Public Distribution For: Date of Public Di							
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Evelyn Lesaicherre Mailing Address 629 Radiance Ave City State LA 70001 Purpose of Expenditure Mileage Category/ Mileage Category/ Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Category/ Mileage Category/ Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-		Salany Odtegory/	M M / D D / Y Y Y Y				
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought President Senate State: LA Disbursement For: Primary General Colhar (specify) Date of Public Distribution/Dissemination Tansaction ID: 38e3d918-ba9c-4e40-b Date of Disbursement or Obligation Amount Amount City State LA 70001 Purpose of Expenditure Mileage Category/ Mileage Category/ Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date President Senate State: LA Amount Transaction ID: 38e8d918-ba9c-4e40-b Date of Public Distribution/Dissemination Transaction ID: 38e8d918-ba9c-4e40-b Date of Distribution/Dissemination		Name of Federal Candidate Support Office	Sought: House District: 00				
Per Election for Office Sought Full Name of Payee Evelyn Lesaicherre Mailing Address 629 Radiance Ave City State Zip Code Metairie LA 70001 Purpose of Expenditure Mileage Name of Federal Candidate Many L Landrieu Calegory/ Name of Federal Candidate Support May Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Amount Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Elect		Ma Marvel Landries					
Full Name of Payee Evelyn Lesaicherre Mailing Address 629 Radiance Ave Matiling Address 629 Radiance Ave City State Zip Code Metairie LA 70001 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General 2014 Other (specify) We defend Candidate Other (specify) We defend Candidate Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General 2014 Other (specify) We defend Candidate Other (specify)		047007.07					
Mailing Address 629 Radiance Ave City							
City State Zip Code 1.0 Transaction ID: 38e8d918-ba9c-4ed0-b Date of Disbursement or Obligation Date of Disbursement Date of		Evolyti Ecoaloficito					
Metairie LA 70001 Transaction ID: 38e8d918-ba9c-4ed0-b Date of Disbursement or Obligation Mileage Category/ Type OO2 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Primary General Other (specify) (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: 38e8d918-ba9c-4ed0-b Date of Disbursement or Obligation Tobligation Tobligat		Mailing Address 629 Radiance Ave	Amount				
Purpose of Expenditure Mileage Category/		City State Zip Code	9.90				
Purpose of Expenditure Mileage Category/ Type 002		Metairie LA 70001	Transaction ID : 38e8d918-ba9c-4ed0-b Date of Disbursement or Obligation				
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Per Election for O		Mileage Category/ 002	M M / D D / Y Y Y Y				
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: LA		Name of Federal Candidate Support Office	e Sought: House District: 00				
Calendar Year-To-Date Per Election for Office Sought 217987.97 Disbursement For: 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures							
(a) SUBTOTAL of Itemized Independent Expenditures		Calendar Year-To-Date Disbu					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	_	(a) SUBTOTAL of Itemized Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date Math Date 10 30 2014		(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7				
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		(c) TOTAL Independent Expenditures					
[Electronically Filed] Date 10 30 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe					
Factor 10 Date		[F1 - 4 1 1 - 1]					
		Buto					

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Schedule E)	KFLINDII	UNES		PAGE 137 OF 165 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC		C C00530766			
Check if X 24-hour report 48-hour report	New report	t Amends repo		M = M / D = D / Y = Y = Y	
Full Name of Payee Irene R Hoyer				of Public Distribution/Dissemination	
Mailing Address 4310 N Mission Rd			L	10 28 2014	
			Amou	unt	
City State	e Z	ip Code		43.50	
Bel Aire KS	6	57226		saction ID: a123bfd5-162d-4191-a of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		10 28 2014	
Name of Federal Candidate		Support	Office Sough	nt: House District:00	
Mr. Greg Orman		Oppose	Presid	lent Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought	190	0677.60	Disbursemer 2014	nt For: Primary	
Full Name of Payee				of Public Distribution/Dissemination	
Irene R Hoyer			Г	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 4310 N Mission Rd			Amou		
City State	e Z	ip Code	— r	7.65	
Bel Aire KS		67226		action ID: e58fd373-9016-454a-b of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002		10 28 7 2014	
Name of Federal Candidate		Support	Office Sough	ht: House District: 00	
Mr. Greg Orman		Oppose	Presid	dent X Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		190677.60	Disbursemer 2014	nt For: Primary X General Other (specify) ▶	
-					
(a) SUBTOTAL of Itemized Independent Expenditures			•	51.15	
(b) SUBTOTAL of Unitemized Independent Expenditures			•		
(c) TOTAL Independent Expenditures			•	7 1 7 1 2	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan	[Electronica	ully Filed] Date	10	30 / 2014	
Signature					

ooneddic Ly	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC	C C00530766				
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y				
	e of Public Distribution/Dissemination				
Carl Brent	10 28 2014				
Mailing Address 6718 Lake Willow Dr	ount				
City State Zip Code	80.00				
New Orleans LA 70126 Train	nsaction ID : aedf6b3e-2cdb-45cc-a e of Disbursement or Obligation				
Purpose of Expenditure Salary Category/ Type 001	10 28 2014				
Name of Federal Candidate Support Office Sou	ght: House District: 00				
Ms Mary I Landrieu	ident State: LA				
Calendar Year-To-Date Per Election for Office Sought Disbursement 217987.97 Disbursement 2014					
Full Name of Payee Dat	Other (specify)				
Carl Brent	te of Public Distribution/Dissemination				
Mailing Address 6718 Lake Willow Dr	10 28 2014 ount				
City State Zip Code	9.60				
	saction ID: 9178adca-f19c-4c54-a te of Disbursement or Obligation				
Purpose of Expenditure Mileage Category/ Type 002	10 28 2014				
Name of Federal Candidate Support Office Sou	ight: House District: 00				
Ms. Mary L Landrieu					
Calendar Year-To-Date Per Election for Office Sought Disbursem 217987.97 Disbursem 2014	nent For:				
(a) SUBTOTAL of Itemized Independent Expenditures	89.60				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	7 7 7				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date 10	30 2014				
Signature					

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		FOR SE OF FORM 24/48				
	NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
V۱ 	/omen Speak Out PAC	C C00530766				
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on				
\Box	Full Name of Payee Josiah B Beal	Date of Public Distribution/Dissemination				
1	JUSIAII D Beai	10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address 2927 SW Hopkins Switch Rd	Amount				
	City State Zip Code	30.00				
	El Dorado KS 67042	Transaction ID: c4f59491-bf25-49c9-8 Date of Disbursement or Obligation				
	Purpose of Expenditure Salary Category/ Type 001	10 28 / 2014				
	Name of Federal Candidate Support Office	Sought: House District:00				
	Mr. Greg Orman Oppose	President State: KS				
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For: Primary				
	Full Name of Payee Zachariah T Beal Mailing Address 2927 SW Hopkins Switch Rd	Date of Public Distribution/Dissemination 10 28 2014 Amount				
1		00.00				
	City State Zip Code El Dorado KS 67042	30.00 Fransaction ID: 6a4eff91-e940-4afa-b				
	Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation 10 28 2014				
1	Name of Federal Candidate Support Office	Sought: House District: 00				
	Mr. Greg Orman Oppose	President State: KS Senate State: KS				
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	sement For:				
	(a) SUBTOTAL of Itemized Independent Expenditures	60.00				
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1				
	(c) TOTAL Independent Expenditures	1 4 1 4 1 4 1				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not many with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electronically Filed] Date Signature	M / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Olymater 0					

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Schedule E)	HEFORT OF INDEFER	DENT EXPEND	ITONES		PAGE 140 OF 165 FOR SE OF FORM 24/48	
	NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
vvomen Sp	eak Out PAC		C C00530766			
Check if X 24-	hour report 48-hour repor	t New rep	ort Amends repo		*M / D = D / Y = Y = Y	
Full Name of Zacharia	Payee h T Beal			М	of Public Distribution/Dissemination	
Mailing Addre	2927 SW Hopkins Switch Rd			Amour	10 28 2014	
City		State	Zip Code		6.30	
El Dorado		KS	67042		action ID: 8c32c77e-bea9-4019-a of Disbursement or Obligation	
Purpose of E Mileage	xpenditure		Category/ Type 002	М	10 28 2014	
Name of Fed	eral Candidate		Support	Office Sought	: House District: 00	
Mr. Greg Orr	nan		X Oppose	Preside	1/0	
	r Year-To-Date stion for Office Sought	1	90677.60	Disbursement 2014 Ot	t For: Primary	
Full Name of				Date of	of Public Distribution/Dissemination	
Jeffrey H	•			М	10 28 2014	
Mailing Addre	ess 1700 E Part Ave			Amour	nt	
City		State	Zip Code		60.00	
Searcy		AR	72149		ction ID: 5001dc8c-f0c1-429d-9 of Disbursement or Obligation	
Purpose of E Salary	expenditure		Category/ Type 001		10 28 7 2014	
Name of Fed	leral Candidate		Support	Office Sough	t: House District:00	
Mr. Mark L P	ryor		Oppose	Preside		
	r Year-To-Date ction for Office Sought		214365.41	Disbursement 2014 Of	t For:	
(a) SUBTOTA	L of Itemized Independent Expe	nditures			66.30	
(b) SUBTOTA	L of Unitemized Independent Ex	penditures		. —		
					4 4	
(c) TOTAL Ind	dependent Expenditures			•	7 1 7 1 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Signature	As. Emily Buchanan	[Electron	ically Filed] Date	10	30 2014	
Signature						

Schedule E)	INT EXTEND	ITORES	<u> </u>	PAGE 141 OF 165 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼	
Women Speak Out PAC					
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee Jeffrey Hampton			M = M /	Distribution/Dissemination	
Mailing Address 1700 E Part Ave			Amount	28 2014	
Cit.	Chata	7in Code		50.50	
City Searcy	State AR	Zip Code 72149		50.52 5 : d94662cf-7903-4deb-9 sement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Mark L Pryor		Oppose	President X		
Calendar Year-To-Date Per Election for Office Sought		214365.41	Disbursement For: 2014 Other (spe	Primary	
Full Name of Payee Kristina M Jinkens			Date of Public	Distribution/Dissemination	
Mailing Address 2138 N 1000 Rd			10	28 2014	
			Amount		
City Eudora	State KS	Zip Code 66025	Transaction ID	25.00 : 897064a9-868a-4705- a	
Purpose of Expenditure	NO		Date of Disburs	sement or Obligation	
Salary		Category/ Type 001	10	28 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Greg Orman		X Oppose	President X	Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought	7	190677.60	Disbursement For: 2014 Other (spe	Primary	
(a) SUBTOTAL of Itemized Independent Expend	tures			75.52	
,			-		
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>		
(c) TOTAL Independent Expenditures			>	7 1 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 30	2014	
-					

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	С	C00530766
Che	ck if 24-hour report 48-hour report New report Amends report filed	on M M	/ D = D / Y = Y = Y = Y
T	Full Name of Payee Jacob W Joosten	Date of Pu	blic Distribution/Dissemination
		10	/ D D / Y Y Y Y Y Y Y 2014
	Mailing Address 1906 S Pine Apt B	Amount	
ŀ	City State Zip Code		40.00
	Pittsburg KS 66762	Transaction Date of Dis	on ID: 51fdaa80-288d-4851-9 sbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	28 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Greg Orman Oppose	President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For	: Primary X General
ľ	Full Name of Payee Jacob W Joosten	Date of Pu	iblic Distribution/Dissemination
ľ	Mailing Address 1906 S Pine Apt B	Amount	
ŀ	City State Zip Code		20.40
	Pittsburg KS 66762		n ID: b43cb864-7aaa-43b0-b sbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10	28 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Greg Orman Oppose	President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		60.40
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures		7 1 7 1 7
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not ma ith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date) / 3	0 2014
	Signature		

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	FE	C IDE	NTIFICATIO	N NUMBER ▼
۷۷	omen Speak Out PAC	C) c	00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on	/	D D /	Y Y Y Y Y
	Full Name of Payee Colton R Overcash	Date of F	ublic	Distribution/I	Dissemination
].		10	И /	28	2014
	Mailing Address 121 Ohara Dr	Amount			
ı	City State Zip Code				80.00
	Salisbury NC 28147			: 05ba4cb9 sement or O	-b262-4008-b bligation
	Purpose of Expenditure Salary Category/ Type 001	^M 10	И /	28	2014
j	Name of Federal Candidate Support Office	Sought:		House [District: 00
	Ms Kay Hagan	President	X	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement Fo		Primary	X General
	Full Name of Payee Colton R Overcash	Date of F	М /	Distribution/	Dissemination 2014
	Mailing Address 121 Ohara Dr	Amount			
ľ	City State Zip Code				129.60
	Salisbury NC 28147			: 8aa73991- sement or C	
	Purpose of Expenditure Mileage Category/ Type 002	^M 10		28	2014
ľ	Name of Federal Candidate Support Office	Sought:		House	District: 00
	Ms. Kay Hagan Oppose	President	X	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement F	L	Primary ecify) ►	General
	(a) SUBTOTAL of Itemized Independent Expenditures		7		209.60
((b) SUBTOTAL of Unitemized Independent Expenditures		7		
((c) TOTAL Independent Expenditures		-7-		-
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M / D	30	2014	
	Signature				

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Brandon Wheeler	10 28 2014
	Mailing Address 10112 Piney Creek Ct	Amount
	City State Zip Code	100.00
	Charolette NC 28215	Transaction ID: 6252114e-64cf-4528-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 / 2014
	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
	Full Name of Payee	Date of Public Distribution/Dissemination
	Brandon Wheeler	Man / Dab / Yayayaya 10 28 2014
	Mailing Address 10112 Piney Creek Ct	Amount
	City State Zip Code	123.90
	Charolette NC 28215	Transaction ID : c51ec789-84dd-429c-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 214365.41	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	223.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 30 2014
	Signature	

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OF

Schedule E)	INT EXI END	TIONES		PAGE 145 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Nick Berryhill			M = M	
Mailing Address 905 Lake Drive			Amount	28 2014
Cit.	Chaha	7:n Codo		400.00
City Shelby	State NC	Zip Code 28152		100.00 on ID : 3f772554-e2b7-4911-9 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	11	070184.43	Disbursement Fo	or:
Full Name of Payee Nick Berryhill			M = N	
Mailing Address 905 Lake Drive			Amount	28 2014
City	State	Zip Code		17.40
Shelby	NC	28152		on ID : e50196f4-dc6d-4e95-9 visbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	1070184.43	Disbursement Fo	or: Primary X General (specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures			117.40
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
				4 4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		2014

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Marisa E Surdyke	10 28 2014
Mailing Address 1020 N 2nd Street Amo	ount
City State Zip Code	31.20
Atchison KS 66002 Trai	nsaction ID : ad5af6d4-d7e6-40a2-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District:00
Mr. Grog Orman	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	nent For: Primary
	te of Public Distribution/Dissemination
	10 28 2014
Mailing Address 2530 Brook Stone Dr Ame	ount
City State Zip Code	90.00
Clemmons NC 27012 Tran	nsaction ID: 4cdd138d-1003-40a0-a te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 28 7 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	121.20
(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7 1
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	30 2014
Signature	

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OF

ooneddie Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Gabriela P Sosa	10 28 2014
Mailing Address 2530 Brook Stone Dr Ame	ount
City State Zip Code	15.90
Clemmons NC 27012 Trai	insaction ID : be6d2d89-0870-4b30-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary X General Other (specify) ▶
Full Name of Payee Kaleigh J Wagner	te of Public Distribution/Dissemination
	10 28 2014
Mailing Address 18065 Wayne Rd	nount
City State Zip Code	160.00
Odessa FL 33556 Tran	nsaction ID: 24820882-bd80-4955-9 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr. Mark L Pryor Oppose Pres	sident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursem 214365.41	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	175.90
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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	meduic L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if Z 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Randy M Gold	10 28 2014
	Mailing Address 1436 Haigs Creek Dr	Amount
	City State Zip Code	160.00
	Elgin SC 29045	Transaction ID : 9513ffaa-9834-47ff-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 28 2014
	Name of Federal Candidate Support Offic	ee Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Dist. 214365.41 2014	oursement For: Primary X General
	Per Liection for Office Sought	Other (specify) ▶
	Full Name of Payee Randy M Gold	Date of Public Distribution/Dissemination
	Mailing Address 1436 Haigs Creek Dr	10 28 2014 Amount
	City State Zip Code	129.54
	Elgin SC 29045	Transaction ID : 21da98e3-abd6-4318-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 28 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	289.54
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(17) (1) 17:1 17	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	
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OF

Schedule E)	PET ENDERT EXTEND	TOTILO	PAGE 149 OF	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NU	JMBER ▼
Women Speak Out PAC			C C00530766	
Check if X 24-hour report 48-h	nour report New repo	ort Amends repo	t filed on	Y
Full Name of Payee			Date of Public Distribution/Disser	mination
Stuart T Haley				2014
Mailing Address 600 W Vine Ave			Amount	
City	State	Zip Code		135.00
Searcy	AR	72143	Transaction ID : 1d053f04-bd7a- Date of Disbursement or Obligati	
Purpose of Expenditure Salary		Category/ Type 001		2014
Name of Federal Candidate		Support	Office Sought: House Distric	t:00
Mr. Mark L Pryor		Oppose	President State State	_
Calendar Year-To-Date Per Election for Office Sought	2	14365.41	Disbursement For: Primary ≥ 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Disser	mination
Joseph Dockers				2014
Mailing Address !000 Fairway Dr			Amount	
City	State	Zip Code		40.00
chesapeake	VA	23320	Transaction ID : acb9902c-1709- Date of Disbursement or Obligat	
Purpose of Expenditure Salary		Category/ Type 001		2014 Y
Name of Federal Candidate		Support	Office Sought: House District	et:00
Mr. Greg Orman		Oppose	President State State	_
Calendar Year-To-Date Per Election for Office Sought		190677.60	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent	dent Expenditures		17	75.00
(b) CURTOTAL of Unitersized Index	and art Francisch		7 7 7	
(b) SUBTOTAL of Unitemized Indepo	endent Expenditures		>	470
(c) TOTAL Independent Expenditure	S		· -	4
	of, any candidate or authorized		not made in cooperation, consultation, of either, or (if the reporting entity is not a	
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
9. 9				

Schedule E)	011. 01. 11.22. 21.22.	11 =/11 =/12.	1101120		PAGE 150 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour	report 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Paye Xavier Miller				Date	e of Public Distribution/Dissemination
Mailing Address ₄	07 randall Dr			Amo	10 28 2014 ount
City		State	Zip Code		135.00
Searcy		AR	72143		nsaction ID: e6450736-79e2-45b1-a e of Disbursement or Obligation
Purpose of Expend Salary	liture		Category/ Type 001		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal (Candidate		Support	Office Soug	ght: House District: 00
Mr. Mark L Pryor			X Oppose	Presi	ident Senate State: AR
Calendar Year Per Election f	r-To-Date for Office Sought	2	214365.41	Disburseme 2014	ent For: Primary X General Other (specify) ▶
Full Name of Payer Xavier Miller	ee			Date	e of Public Distribution/Dissemination
Mailing Address	407 randall Dr			Amo	
City		State	Zip Code		111.00
Searcy		AR	72143	Trans Date	saction ID: 125a4fae-653c-4d6f-9 e of Disbursement or Obligation
Purpose of Expend Mileage	diture		Category/ Type 002		10 28 7 2014
Name of Federal (Candidate		Support	Office Sou	ght: House District: 00
Mr. Mark L Pryor			X Oppose		ident Senate State: AR
Calendar Yea Per Election f	r-To-Date for Office Sought	7 7	214365.41	Disburseme 2014	ent For:
(a) SUBTOTAL of I	Itemized Independent Expenditu	ıres			246.00
(b) SUBTOTAL of U	Unitemized Independent Expend	ditures		··· \	
(c) TOTAL Indepen	dent Expenditures			··· 	
with, or at the reque		date or authorized			cooperation, consultation, or concert if the reporting entity is not a political
	nily Buchanan	[Electron	nically Filed] Dat	te 10	30 2014
Signature					

Schedule E)	INT EXI END	ITOTILO		PAGE 151 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
James E Dacus			10	28 2014
Mailing Address 117 Cynthia Ave			Amount	
City	State	Zip Code		20.00
Farmington	AR	72730		ID: 6f569374-0a3f-43b0-a pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	2	214365.41	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
James E Dacus			10	28 2014
Mailing Address 117 Cynthia Ave			Amount	
City	State	Zip Code		3.30
Farmington	AR	72730		ID : e02d8f21-cb9a-47bf-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	- 5 - 1 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	214365.41	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			23.30
			-	4 4
(b) SUBTOTAL of Unitemized Independent Expen	ditures		>	7
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 30	2014
~				

Schedule E)	NI EXPEND	DITUNES	PAGE 152 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination
Mailing Address 1211 Treaty Rd			10 28 2014 Amount
O'the	01-1-	7's Oads	90.00
City Delphos	State KS	Zip Code 67436	30.00 Transaction ID : 4dab7f02-d38a-41b5-9
<u>'</u>		07430	Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Greg Orman		X Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought	7	190677.60	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
LaVonna A Brown			10 28 2014
Mailing Address 1211 Treaty Rd			Amount
City	State	Zip Code	7.20
Delphos	KS	67436	Transaction ID : 11cb7455-684e-42c1-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		190677.60	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ires		37.20
(a) 20210112 of nonlinear mappenagin 2.,penagin			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan	[Electro	onically Filed] Date	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	11 =/(1 = (1 =)	1101120		PAGE 153 OF 165 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C C00530766
Check if X 2	4-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name Amelia	of Payee Brackett				of Public Distribution/Dissemination
Mailing Add	dress 804 Roundabout Circle			Amou	
City		State	Zip Code	— L	135.00
Searcy		AR	72143		action ID: 13841d9d-1b44-4067-8 of Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001		10 28 / 2014
Name of F	ederal Candidate		Support	Office Sough	t: House District:00
Mr. Mark L	Pryor		X Oppose	Preside	ent Senate State: AR
	dar Year-To-Date ection for Office Sought		214365.41	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name Kaitlyn					of Public Distribution/Dissemination
Mailing Ad	dress 2121 Daniel Dr			Amou	للنبا لنا لن
City		State	Zip Code	-	135.00
Searcy		AR	72143		ction ID: 36b8486f-83fd-475e-9 of Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001	N	10 28 2014
Name of F	ederal Candidate		Support	Office Sough	t: House District:00
Mr. Mark L	Pryor		X Oppose	Preside	
	dar Year-To-Date lection for Office Sought	, , ,	214365.41	Disbursemen 2014 O	t For:
(a) SUBTO	FAL of Itemized Independent Expenditur	'es			270.00
(b) SUBTO	FAL of Unitemized Independent Expendi	itures		•	
(c) TOTAL	ndependent Expenditures			•	7
with, or at the	ty of perjury I certify that the independ ne request or suggestion of, any candid ttee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	30 / 2014
Signature					

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Kaitlyn B Allen	10 28 2014
	Mailing Address 2121 Daniel Dr	Amount
	City State Zip Code	147.00
	Searcy AR 72143	Transaction ID : a29c0e89-5e37-4d48-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 28 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 214365.41 Disbut 2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Parker H Morrow	Date of Public Distribution/Dissemination
	Mailing Address 506 N Horton Street	10 28 2014 Amount
	City. Chala 7in Code	00.00
	City State Zip Code Searcy AR 72143	80.00 Transaction ID : a97016d1-c691-4bde-a
	Purpose of Expenditure Salary Category/ Time 001	Date of Disbursement or Obligation 10 28 2014
	Туре	10 20 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	227.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 30 2014
	Signature	للنتا لتا ب

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Schedule E)		II E /II E /II .	1101120		PAGE 155 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (FEC IDENTIFICATION NUMBER ▼
Women Speak O	ut PAC				C C00530766
Check if 24-hour rep	ort 48-hour report	New repo	ort Amends repo	ort filed on	" M / D " D / Y " Y " Y " Y
Full Name of Payee Parker H Morro	ow .				of Public Distribution/Dissemination
Mailing Address 506	N Horton Street			Amou	10 28 2014 nt
City		State	Zip Code		25.20
Searcy		AR	72143		action ID : 8b0d8c04-5ba9-4cad-a of Disbursement or Obligation
Purpose of Expenditu Mileage	re Television of the second of		Category/ Type 002		10 28 / Y Y Y Y Y
Name of Federal Can	didate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor			Oppose	Preside	ent Senate State: AR
Calendar Year-To Per Election for 0		2	214365.41	Disbursemen 2014 O	t For: Primary
Full Name of Payee Earl Stewart					of Public Distribution/Dissemination
Mailing Address 94	55 Snow Camp Road			Amou	لىنىا لنا ك
City		State	Zip Code		60.00
Snowcamp		NC	27349		oction ID : 66359cf0-efa0-45b0-a of Disbursement or Obligation
Purpose of Expenditu Salary	re		Category/ Type 001		10 28 7 2014
Name of Federal Can	didate		Support	Office Sough	nt: House District:00
Ms. Kay Hagan			Oppose	Preside	
Calendar Year-To Per Election for			1070184.43	Disbursemer 2014	nt For:
(a) SUBTOTAL of Item	nized Independent Expenditur	res		· •	85.20
(b) SUBTOTAL of Unit	remized Independent Expend	itures		·· •	
(c) TOTAL Independer	nt Expenditures			· ·	
with, or at the request		late or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	nically Filed] Date	e 10 /	30 / 2014
Signature					

Schedule E)		TI OTILO	PAGE 156 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination
Mailing Address 9455 Snow Camp Road			10 28 2014
			Amount
City	State	Zip Code	8.40
Snowcamp	NC	27349	Transaction ID: c3190592-eecb-4a37-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 28 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	070184.43	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			10 28 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	35.00
Mandeville	LA	70471	Transaction ID : 23ccc14a-701a-4865-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	217987.97	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		43.40
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.ga.a. 5			

Schedule E)	VI =/\(\) = \(\).			PAGE 157 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y B Y B Y
Full Name of Payee Jeanne Tribou				of Public Distribution/Dissemination
Mailing Address 22369 Ponderosa Dr.			Amour	10 28 2014 nt
City	State	Zip Code		9.90
Mandeville	LA	70471		action ID : 4fe46f9a-b134-48e1-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	10 28 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	217987.97	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee Kaylan N Swanson				of Public Distribution/Dissemination
Mailing Address 633 Scott Dr			Amour	10 28 2014
City	State	Zip Code	— r	90.00
Gibsonville	NC	27249		ction ID : 67ccaf11-f5ef-4572-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 28 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1070184.43	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	99.90
(b) SUBTOTAL of Unitemized Independent Expendent	litures		· • [
(c) TOTAL Independent Expenditures			•	7 7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	, 10 /	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	INT EXI END	TTOTILO		PAGE 158 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee	<u></u>		Date of Public	Distribution/Dissemination
Hannah K Smith Mailing Address 633 Scott Dr			10	28 2014
633 Scott Dr			Amount	
City	State	Zip Code		90.00
Gibsonville	NC	27249		D: d7dfa1a7-658d-4a44-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	070184.43	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Hannah K Smith			10	28 / 2014
Mailing Address 633 Scott Dr			Amount	
City	State	Zip Code		11.40
Gibsonville	NC	27249		: 35d86f94-1315-43b3-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1070184.43	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			101.40
, , ,				7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	
(c) TOTAL Independent Expenditures)	1 4 1 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 30	2014

Schedule E)	IN EXIEND	HONES	PAGE 159 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee Anselma A Trinidad			Date of Public Distribution/Dissemination
Mailing Address 7915 Curtina Ln			10 28 2014 Amount
City	State	Zip Code	90.00
Lewisville	NC	27023	Transaction ID : 8c773e6c-fc9f-4127-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	070184.43	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Chance B Ross			10 28 2014
Mailing Address 920 W Gracewood Apt 106			Amount
City	State	Zip Code	40.00
Fayetteville	AR	72701	Transaction ID : e0165e0f-5d83-4a2e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 28 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	214365.41	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 130.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. •
			4 1 4
(c) TOTAL Independent Expenditures			>
	idate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 30 2014
Signataro			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report	filed on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Chance B Ross	10 28 2014
Mailing Address 920 W Gracewood Apt 106	Amount
City State Zip Code	21.00
Fayetteville AR 72701	Transaction ID : 2c5abb8e-6a3a-4719-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 2014
Name of Federal Candidate Support	Office Sought: House District:00
Mr. Mark L Pryor Oppose	President State: AR
Odichadi Ical Io Dalc	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	
Rhonda Moback	Date of Public Distribution/Dissemination
Mailing Address 2704 E Glen Oaks Dr	Amount
City State Zip Code	40.00
Wichita KS 67216	Transaction ID: c75e8776-fcd7-4b1f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 28 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	61.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were nowith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	LXFLINDI	TUNES		PAGE 161 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Rhonda Moback				f Public Distribution/Dissemination
Mailing Address 2704 E Glen Oaks Dr			Amour	10 28 2014 ut
0.7	1-1-	7'- 0-1-		10.00
l '	tate KS	Zip Code 67216	Transa	16.20 action ID : 132425f1-86ae-44cd-b
Purpose of Expenditure				f Disbursement or Obligation
Mileage		Category/ Type 002		10 28 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Greg Orman		X Oppose	Preside	nt Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	1:	90677.60	Disbursement 2014 Ot	For: Primary ⊠ General her (specify) ▶
Full Name of Payee				of Public Distribution/Dissemination
Corban L Barnett				10 28 2014
Mailing Address 1001 N Prospect			Amour	لىنى لنا ك
City	tate	Zip Code		15.00
Liberal	KS	67901		ction ID : 5249add1-938d-483e-9 If Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 28 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Greg Orman		Oppose	Preside	nt Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	,	190677.60	Disbursement 2014 Ot	For: Primary X General
			_	
(a) SUBTOTAL of Itemized Independent Expenditures			•	31.20
(b) SUBTOTAL of Unitemized Independent Expenditures	s		· •	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed] Date	M M /	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	-A: -:-:	101120		PAGE 162 OF 165 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	M / D D / Y B Y B Y B Y
Full Name of Payee Corban L Barnett				f Public Distribution/Dissemination
Mailing Address 1001 N Prospect				10 28 2014
		Zip Code 67901		0.90 action ID : 200f4022-48b0-401d-8
Purpose of Expenditure Mileage		Category/ Type 002	М	f Disbursement or Obligation 10 28 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Greg Orman		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	19	90677.60	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee Chad Stieben				of Public Distribution/Dissemination
Mailing Address 16864 Stillwell Rd			Amour	10 28 2014 nt
City	tate	Zip Code		10.00
	KS	66012	Transa Date o	ction ID : de7efd1e-358f-4c37-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 28 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Greg Orman		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		190677.60	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	10.90
(b) SUBTOTAL of Unitemized Independent Expenditures	S			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed] Date	10 /	30 2014
Signature				

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Chad Stieben	Da	te of Public Distribution/Dissemination
		10 28 2014
Mailing Address 16864 Stillwell Rd	Am	nount
City	tate Zip Code	6.00
g		ansaction ID : 1af55eee-73b3-4a38-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Mr. Greg Orman	Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	190677.60 Disbursem 2014	nent For: Primary X General Other (specify) ▶
Full Name of Payee Dianna R Williams	Da	te of Public Distribution/Dissemination
Mailing Address 1510 W Pawnee Apt 2103	An	nount
City	tate Zip Code	40.00
Wichita		nsaction ID: 078c0972-cea5-4439-8 te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 28 / 2014
Name of Federal Candidate	Support Office Soil	ught: House District: 00
Mr. Greg Orman	Oppose Pre	sident X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	190677.60 Disbursen 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	······	46.00
(b) SUBTOTAL of Unitemized Independent Expenditures	S	
(c) TOTAL Independent Expenditures	·	7 7 7
Under penalty of perjury I certify that the independent of with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	30 2014
Signature		

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Dianna R Williams	10 28 2014
Mailing Address 1510 W Pawnee Apt 2103	Amount
City State Zip Code	6.30
Wichita KS 67213	Transaction ID: 78aa3e3a-20c0-4be5-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 28 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Greg Orman Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary
Full Name of Payee Andrea M Gatts	Date of Public Distribution/Dissemination
Mailing Address 6894 106th	10 28 2014 Amount
City State Zip Code	10.00
Ozawkie KS 66070	Transaction ID : 49852378-acd5-4abc-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 28 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Greg Orman Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	16.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	0 30 2014
Signature	

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OF

FEC IDENTIFICATION NUMBER ▼ C C00630768	Sc	chedule E)	PAGE 165 OF 165 FOR SE OF FORM 24/48	
Check if 24-hour report			FEC IDENTIFICATION NUMBER ▼	
Full Name of Payee Full Name of Payer Name of Federal Candidate Mailing Address City State Zip Code Gregory Name of Federal Candidate Mailing Address City State Zip Code Gregory Name of Federal Candidate Mailing Address Category Name of Payee Category Mailing Address Category Mailing Address Category Mailing Address Category Name of Federal Candidate Category Name of Payet Category Name of Payet Category Name of Payet Office Sought Amount Category President Name of Payet Of	V	vomen Speak Out PAC	C C00530766	
Andrea M Gatts Mailing Address 6894 108th City State Zip Code KS 66070 Purpose of Expenditure Mileage Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought City State Zip Code Purpose of Expenditure Mailing Address Mailing Address Mailing Address Calendar Year-To-Date Purpose of Expenditure Category/ Type Date of Public Distribution/Dissemination Disbursement or Obligation Purpose of Expenditure Category/ Type Date of Public Distribution/Dissemination Amount City State Zip Code Date of Public Distribution/Dissemination Date of Public Distribut	Ch	eck if 🔀 24-hour report 🗌 48-hour report 🔲 New report 🗌 Amends report file	ed on Mam / Dab / Yayayay	
Mailing Address 6894 106th City State Zip Code 66070 Drawkie KS 66070 Purpose of Expenditure Mesers Mailing Address Category/ Type 002 Name of Federal Candidate Mailing Address Category/ Type 002 Name of Federal Candidate Mailing Address Category/ Type 002 Name of Federal Candidate Mailing Address Category/ Type 002 Mr. Greg Orman Collector Year-To-Date Per Election for Office Sought 190677.60 Purpose of Expenditure Mailing Address City State Zip Code Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement or Obligation Category/ Type Date of Disbursement or Obligation Date of Disbursement or Obligation Category/ Type Date of Disbursement or Obligation Category/ Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement or Obligation Category/ Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement or Obligation Category/ Date of President Senate State: Date or Obligation Or Obli			Date of Public Distribution/Dissemination	
City State Zip Code Ozawkie KS 66070 Purpose of Expenditure Mailing Address Category/ Mailing Address Category/ Mailing Address Amount City State Zip Code Category/ Mailing Address Category/ Transaction ID: 37cble59-7962-4367-b Date of Disbursement or Obligation Transaction ID: 37cble59-7962-4367-b Date of Disbursement For: Disbursement For: Primary General Other (specify) Name of Paderal Candidate Category/ Type Name of Federal Candidate Date of Disbursement or Obligation Transaction ID: 37cble59-7962-4367-b Date of Disbursement For: Primary General Other (specify) Transaction ID: 37cble59-7962-4367-b Date of Disbursement For: Disbursement For: Disbursement For: Primary General Category/ Type Name of Federal Candidate Support Office Sought: House District: Date of Disbursement For: Primary General Category/ Type Name of Federal Candidate Date of Disbursement or Obligation Transaction ID: 37cble59-7962-4367-b Date of Disbursement For: Disbursement For: Primary General City State: KS Amount City State: KS Date of Disbursement For: Disbursement For: Primary General City State: KS Date of Disbursement For: Disbur				
Ozawkie KS 66070 Purpose of Expenditure Mileage Name of Federal Candidate Nic Greg Orman Caledar Year-To-Date Per Election for Office Sought Name of Federal Candidate State City State Zip Code Name of Federal Candidate Name of Federal Candidate Name of Payee City State Zip Code Date of Disbursement or Obligation Amount Category/ Type Office Sought: House District: 00 Disbursement For: Primary General Zint Office Sought Disbursement For: Primary General Zint Office Sought: Name of Payee Category/ Type Name of Federal Candidate Disbursement or Obligation Amount City State Zip Code Date of Disbursement or Obligation District: Disbursement or Obligation District: Oppose President Senate State: Disbursement For: Primary General Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Disbursement For: Primary General Other (specify) ▶ 13641.36		Mailing Address 6894 106th	Amount	
Purpose of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought City State Category/ Type District: Ooppose President Senate State: KS Calendar Year-To-Date Purpose of Expenditure Category/ Type Districts oo Other (specify) ▶ Category/ Type Name of Federal Candidate Category/ Type Oppose President Other (specify) ▶ Category/ Type Name of Federal Candidate Category/ Type Other Sought: House District: Category/ Type Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Index penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) arm political party committee or its agent. Ms. Emily Buchanan [Electronically Filled] Date 10 30 2014		City State Zip Code	6.00	
Name of Federal Candidate Support Support Office Sought House District: Downseron District District Downseron District Dist				
Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Date of Public Distribution/Dissemination Mailing Address City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Of		Mileage Category/ 002		
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Per Election for Office Sought 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 190677.60 1906		Name of Federal Candidate Support Offi	ce Sought: House District:00	
Per Election for Office Sought Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the second of the specify is a political party committee or its agent. In the second of the specify is a political party committee or its agent. In the second of the specify is a political party committee or its agent. In the second of th		Mr. Greg Orman Oppose	President Senate State: KS	
Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures		diction to bate	4	
Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures. (b) SUBTOTAL of Unitemized Independent Expenditures. (c) TOTAL Independent Expenditures. Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date 10 30 2014		Full Name of Payee		
City State Zip Code Date of Disbursement or Obligation		Mailing Address	M M / D D / Y Y Y Y	
Purpose of Expenditure Date of Disbursement or Obligation Name of Federal Candidate		maining / tautous	Amount	
Purpose of Expenditure Category/ Type		City State Zip Code		
Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures			Date of Disbursement or Obligation	
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Category/	M = M / D = D / Y = Y = Y	
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Office	ce Sought: House District:	
(a) SUBTOTAL of Itemized Independent Expenditures		Oppose	President Senate State:	
(a) SUBTOTAL of Itemized Independent Expenditures		Calcificati for to Bato		
(b) SUBTOTAL of Unitemized Independent Expenditures	_		Glief (specify)	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M. M. M. J. D. J.		(a) SUBTOTAL of Itemized Independent Expenditures.	6.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date M M M		(b) SUBTOTAL of Unitemized Independent Expenditures		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date Man		(c) TOTAL Independent Expenditures	13641.36	
[Electronically Filed] Date 10 30 2014	with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political			
		[F1 - 4 1] - F2 - 17		
			2011	